

# Peak States of Consciousness

**Volume 2**

**Books from the Institute for the Study of Peak States Press**

*Peak States of Consciousness: Theory and Applications, Volume 1: Breakthrough Techniques for Exceptional Quality of Life, (Second Edition)* by Grant McFetridge with Jacquelyn Aldana and Dr. James Hardt.

*Peak States of Consciousness: Theory and Applications, Volume 2: Acquiring Extraordinary Spiritual and Shamanic States* by Grant McFetridge with Wes Gietz.

*Peak States of Consciousness: Theory and Applications, Volume 3: Applying Peak States to Research and Healing* by Grant McFetridge, et al. (forthcoming).

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# Peak States of Consciousness

## Theory and Applications

### Volume II

#### Acquiring Extraordinary Spiritual and Shamanic States

First Edition

By  
Grant McFetridge, Ph.D.  
With Wes Geitz

Foreword: A New Paradigm

*by Adam Waisel, MD, Former Director of the Regenerative Healing Project*

Preface: Accepting the Challenge

*by Frank Downey, CEO of the Institute for the Study of Peak States*



“Methods for Fundamental Change in the Human Psyche”

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**This book is dedicated to my colleagues and friends whose deaths during our explorations made it safer for those who follow:**

**Dorothy Gail (USA), whose extraordinary zest for life ended in suicide while working on the connection between birth, placental death and suicidal feelings;**

**Edward Kendricks (New Zealand), a kind and gentle man who encountered a trigger for rapid cancer, and who, despite his suffering, continued to try and understand the mechanism until his death;**

**Brian Beard (Canada), a loving father, who had activated a sensation of evil in his body, struggled to heal it, and committed suicide shortly before we solved the problem;**

**Adam Waisel, MD (Israel), a brilliant physician who dedicated his life to finding the theoretical basis of healing that would help all people. He died of a heart attack while he was investigating the Genesis cell developmental event.**

**You are greatly missed.**

## Legal Liability Agreement

### IMPORTANT!

### READ THE FOLLOWING BEFORE CONTINUING WITH THE TEXT!

The material in this book is experimental and has **not** been tested on large groups of people. It is provided for educational and research purposes only, and is **not** intended to be used by the general public as a self-help aid. The information in this book is for professionals in the field investigating these phenomena, and is not meant to be used by lay people without **competent and qualified supervision**. (As this is a relatively new and specialized field of study, even most licensed professionals do not have adequate background and training in these areas of pre- and perinatal psychology and power therapies.)

It is possible, and in some cases probable that you will feel extreme distress, both short and long term, if you attempt to use the information in this book or employ the processes in the companion *Basic Peak States Therapist's Manual*. In some cases, life-threatening problems might occur due to the possibility of stressing a weak heart, activated suicidal feelings, or other causes. Although we've tried to indicate the more hazardous processes, and the ones that we consider relatively safe, this does not mean that you won't experience serious or life-threatening problems with any of the processes described in this book. The possibility that you may die from using these processes **does** exist. In addition, simply reading this material can trigger traumatic prenatal memories in some people, causing them distress, pain, or fear.

Given what we've just said, the following common sense statements constitute a legal agreement between us. This applies to everyone, including licensed professionals and lay people. Please read the following statements carefully:

- The authors of this text and all of the people associated with the Institute for the Study of Peak States, cannot and will not take responsibility for what you do with the material in this textbook.
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- Use these techniques under the supervision of a qualified therapist or physician as appropriate.
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Continuing on with this text constitutes a legal agreement to these conditions. Thanks for your understanding.

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## Foreword by Adam Waisel, MD

Late Director of the Regenerative Healing Project

### A New Paradigm

I am a Western MD, specializing in general surgery and ambulatory trauma. About 11 years after I began working as a physician in the community, I began to notice the shortcomings of Western medicine. I especially marveled at its inability to relate to issues that haven't been stamped with the stamp of the official medical establishment, no matter how many patients came in with the same complaints. My problem with Western medicine was a matter of principle, not a matter of learning more or deepening my Western medical knowledge. I saw that there is a basic lack in Western medicine's way of thinking, causing this inability to look at the patient instead of at the diagnosis.

Looking around for some other system that would be better able to answer my unanswerable questions, I hit on Chinese medicine. For several years I was certain that in it I would be able to find all the answers, and treatment principles and techniques to match. And indeed it did answer many of the questions and medical problems Western Medicine could not. It still does. But after 11 years of Chinese medicine practice, side by side with my Western medical practice, I began to notice the shortcomings of Chinese medicine, too. Both these medical systems had a *limit* to their ability to heal, both would raise their hands in despair at some moment or other and say, alas, this is all we can do.

As one dedicated to the search for the ultimate healing, I again felt let down, and began again to look for a better system.

It was then that I happened, by coincidence or by some unseen power, on Grant's website, and by the same coincidence or by the same unseen power, Grant was planning at exactly this time his first email Advanced Whole-Hearted Healing (WHH) course. Reading his website, I was enthralled by the possibilities and the potential, and wrote him the same day, asking to be enrolled in the email course. The next day I received his welcoming reply. The course was very demanding and took many hours of practice. But every trauma I healed in myself gave me an added impetus to further my development, gave me more insights to the workings of the psyche.

I began practicing on friends, helping them heal all kinds of personal issues and difficulties. Then I began to work with a few patients. The results were astonishing. A woman healed in several sessions a childhood sexual trauma that had haunted her for decades. Another woman teacher who suffered from recurrent hoarseness and strep throat healed the birth trauma that was at the core of these, in 20 minutes, and has not suffered again from the problem. A friends' son who had chronic fatigue syndrome for several months succeeded with my

coaching in healing his illness in one session of three hours straight. And there were others.

The more I practiced on myself and healed deep-rooted issues, and the more I helped others heal their own issues, the more potential I saw for the system as a whole. In contrast to all the other medical systems and healing and therapeutic techniques, it seemed that Whole-Hearted Healing and its fellow techniques had a theoretically *unlimited* potential. And not only for healing, but also as a *research tool*, for mapping and understanding the workings of the human psyche. One of the most wonderful things about this system is its completely different *paradigm*, and its endeavor to gather all the known psychological, emotional, spiritual, and medical facts under one encompassing theoretical roof.

I now work with all three systems, the Western, the Chinese, and WHH. Each has its *fortes* and weaknesses. But whereas the Western and the Chinese systems can treat diseases for a certain time, until the relapse, WHH has no recurrence of the disease, both empirically and theoretically. This is because, once the culprit trauma is healed, the disease has no ground upon which to re-establish.

The paradigm of the Institute for the Study of Peak States (ISPS) includes several principles that are of special interest for me, not only for healing purposes and attaining peak states, but also for understanding the motive forces at work in human society. Thus, the Triune Brain Theory and the related ISPS models have the potential to make up a totally new and exciting *social theory* of human society and culture.

My continuing interest and admiration for ISPS's paradigm is thus based on the realization of its unique potential, both in unraveling the mysteries of the human psyche, and in eventually developing more techniques to heal human suffering. I regard it as on par with Copernicus' discovery of the movement of the planets around the sun, and with Niels Bohr's development of Quantum Theory – at the level of human, not physical, science, of course.

Also, I see in it another great potential, but this is as yet at the level of personal intuition: I believe it may be the axle upon which Western Science and Spiritualism meet, and maybe will some day, through it, connect.

In an attempt to show the enormity of the difference of ISPS's paradigm, I include here Richard Feynman's words:

"Now we know how the electrons and light behave. But what can I call it? If I say they behave like particles I give the wrong impression; also if I say they behave like waves. They behave in their own inimitable way... They behave in a way that is like nothing that you have ever seen before. Your experience with things that you have seen before is incomplete. The behavior of things on a very tiny scale is simply different. An atom does not behave like a weight hanging on a spring and oscillating. Nor does it behave like a miniature representation of the solar system with little planets going around in orbits. Nor does it appear to be somewhat like a cloud or fog of some sort surrounding the nucleus. It behaves like nothing you have ever

seen before.” – Richard Feynman in a lecture (“The Character of Physical Law”, MIT Press, 1965, page 128.)

*Adam Waisel, MD  
Haifa, Israel,  
June 2005*

*[Author's Note: Dr. Waisel died of a heart attack a few weeks before this book was originally to be published. His personal friendship and pioneering work led to many of the concepts and discoveries in this series of books. He strove for something greater than himself that would benefit all humankind, and his loss is felt keenly by us all.]*

## Preface by Frank Downey

CEO of the Institute for the Study of Peak States

### The Challenge

The volunteers at the Institute came with an extensive variety of healing skills, from psychology and medicine to spirituality, shamanism and various religious practices. However, in spite of all their learning and experience, they still couldn't answer many fundamental questions: Why would some clients heal, while others would not? What was really happening inside clients when a healing technique was used? What could they do to make a real, fundamental difference in people's lives? How could they drastically improve their ability to help people?

The material in this textbook addresses the biological and psychological basis of all human experience and consciousness. The approach taken in this work not only leads to the answers that those healers were looking for, but far more. It answers questions of how – and why – one can fundamentally change a person's outlook and the nature of their consciousness. More surprisingly, it addresses an age-old dream of many: how to improve the health and wellbeing of others directly, without physical interventions.

This is a major leap in human understanding, and as such will cause a certain level of skepticism. Just the possibility of our being able to understand the criteria and accomplish any portion of the required level of consciousness to achieve the creation of a healer is well worth a major effort. There will be the standard objections of "not invented here", "you are interfering with God's will", and "this has never been done before". It will take a number of verifiable, successful healing experiences for any mental health therapy or technique developed as a result of these studies to be accepted. The ability to alter physical health will also receive the same if not more skepticism.

At present this work is known only by a few. When these breakthroughs become common knowledge and are accepted and used by healers and by the general population, I fully expect to see many unexpected and extraordinary new applications appear. The advancement of this work in the next few years should be fascinating to watch.

*Frank Downey  
Calgary, Canada  
May 2007*

## Acknowledgements

I wish to start by thanking my past and present colleagues at the Institute for the Study of Peak States who volunteered their time and enthusiasm to make this book possible – especially Frank Downey, who volunteered to be our Institute's CEO, and who has been, together with his wife Elaine, our wise elder guides for the last ten years of breakthroughs and occasional setbacks, always ready with encouragement and perspective from their own life's journey.

Many people have helped in the research that has led to this book, but I want to give special recognition to a few people who worked with me in the early days when I was starting to develop the models and techniques: Kate Sorensen, a pioneer who did much of the original investigations into the realms of the Creator and the Void, and the skin boundary phenomenon; Wes Gietz, who participated in the first map of key developmental events, shared much of the original research on the realm of the Sacred, and kindly wrote the chapter in this volume on shamanic traditions and peak states; Dr. Marie Green, who recognized the paradigmatic nature of this work and made our work grow; Dr Deola Perry, who helped derive much of the initial material on Gaia consciousness and Gaia commands; Mary Pellicer MD, who helped flesh out the model, contributed to the center of awareness (CoA) concept, and made co-teaching the early WHH and Peak States workshops a whole lot of fun; and the late Adam Waisel MD, who explored the model in depth, made many new discoveries, pushed the boundaries of the work, and inspired us all.

Many research volunteers have helped test processes and/or helped isolate critical developmental events, states, or missing pieces to the models. In particular, I want to acknowledge: Maureen Chandler for her discovery of the vortex phenomenon; Paula Courteau for her work on the No Skin, Silent Mind and triune brain states; Kashi Rai MD who first thought of a way to determine which organelles corresponded to given triune brains; and John Heinegg for his work with developmental event music. I want to particularly acknowledge Tal Laks, Dr. Waisel's protégé, who has made many major breakthroughs in the last four years, been a key contributor to the developmental stages material, has taught this material with élan and excellence, acted as a role model for students, and put virtually all of her time and energy in making the Institute a success.

I want to also give my sincere thanks to the people who freely allowed me to use their material without charge: Tom Brown, Jr. for his wonderfully descriptive shamanic text; Alex Grey for his kindness in allowing me to use his painting in the chapter on the Creator; and Marc Roder, and Pam Owen for their sketches.

There were also people who had specialized knowledge who kindly shared it for this text: Dr. James Hardt for his contribution on biofeedback equipment used to identify peak states; Willow Walker for the information on spiritual experiences evoked by acupuncture points; and Everett Edstrom and Bob McCulloch for their information on the Monroe Institute processes.

Many people volunteered their time and energy to help me write a more understandable text by reviewing the early drafts: Everett Edstrom, Robert Ranger, Monti Scribner, Louise Freeman, Shelly Pinnell and Bob McCulloch. When the final version was ready, Paula Courteau and Maura Hoffman volunteered to review and edit the content, spending many hours making the text more understandable and readable.

I wish to thank my first psychology Ph.D. advisor Dr. Ben Tong at the California Institute for Integral Studies, who greatly encouraged my initial work, particularly on schizophrenia. And thanks to my psychology PhD thesis advisor Dr. Diane Claire Douglas at the University of Integrative Learning, who took the time to attend one of my trainings to find out whether this work was real or not, and then supervised my doctoral thesis, which is the volume you are holding in your hands. And to Dr. Burt Auld of Stanford University, who exemplified the best qualities of professor, teacher, researcher and human being to a young graduate student all those years ago. And I would also like to pay my respects to those who, despite the difficulties, apply science to these areas outside the dominant paradigm: especially to Dr. Arthur Hastings, whose personal qualities of openness and curiosity act as an example for me; and to Dr. Dean Radin, whose work in applying technology to his area of study is simply amazing.

In the late 1990s, with the support and encouragement of Dr. Marie Green and Dr. Deola Perry, I taught a class whose purpose was to give my students the ability to do regenerative healing (we called it ‘radical physical healing’ then). Although we were unsuccessful in teaching this ability at that time, those amazing students contributed class fees and gave me the feedback that allowed me to write the lessons that formed the core of this book. I wish to especially acknowledge the extra efforts of the late Dr. Adam Waisel, the late Eddie Kendrick, the late Jorge Aldana, Maarten Willemsen, and Richard Hunt.

And my deepest thanks to the people who organized and found participants for the early peak state workshops, especially Louise Freeman, Monti Scribner, Chant and Bahaar Thomas, Bob McCulloch, and Shelly Pinnell.

I also want to thank the following people for their friendship and support during the very difficult early days of this work. These men and women believed in me when none of us knew if it was real or if it would work – they were a gift beyond price. Thanks to Gene Kunitomi; Dr. Marie Green; Dr. Art McCarley; Jerry Pegden; Clark Rogerson; Colleen Engel; Bruce Rawles; my brother Scott McFetridge, whose insightful advice and perspective on the human condition has seen me through some difficult times; my father, the late John McFetridge MD; and again, a very special thanks to Frank and Elaine Downey.

I want to also thank the current staff at the Institute, who volunteer their time and energy to carry this research forward: Monti Scribner, our student coordinator; Rob Egan, our clinic coordinator; Paula Courteau, researcher, newsletter and publications coordinator; Dr. Holley Cone, researcher; Robert Cronin, business manager; Matt Fox, director of the addictions project; Everett Edstrom, student coach; Edward Rodziewicz, staff and advocate in Poland; John Heinegg, research assistant; instructor Sara Zieborak (Poland); instructor Nemi

Nath (Australia), who spent many long hours helping to get the certification process working; and instructor and researcher Tal Laks.

Over the years, I've had the privilege and joy to study with many spiritual and shamanic teachers. In particular, I wish to acknowledge my Zen teacher Robert Aitken Roshi; two of my most important teachers in healing, Sheelo Bohm and Ron Mead; my tantric and Sufi friends, Kachina Palencia and the late Robert Frey; and the First Nations elders Victor Underwood, Joyce Underwood, and J.C., in whose sweat lodge I first made the breakthrough into the spaciousness state. I also want to mention the great respect I have for Tom Brown, Jr.'s writing and teaching on shamanism, nature, and the problems that our civilization faces.

I would also like to thank Fred and Lorraine Lepper, in whose cottage on Hornby Island I wrote this text.

And finally, last but not least, thanks to my clients and to the many participants of the peak state trainings who allowed us to test these experimental processes on themselves.

## Introduction to Volume 2

**This volume is a textbook on the theory and practice of acquiring fundamental spiritual and shamanic states.**

The material in this volume was expanded from lessons for our students who were actively engaged in changing their consciousness in the rather dramatic ways described. It mixes theory with practice, and is designed as a textbook for professionals actively engaged in doing this work. It was written both to outline the range of possible peak state phenomena and to give a practical basis for helping clients who encounter this material. However, we have deliberately omitted step-by-step processes, because of the inherent risks involved with new technology. This is taught only in our professional training classes.

**We're doing this work to change ourselves for the better, and to answer some of the fundamental questions of humankind.**

Although I've written this volume as a textbook, I hope you will be able to read between the lines and share some of the excitement and wonder that we've experienced in exploring the states of consciousness described in this book. We can now look in a straightforward way at some of humanity's most baffling and profound questions: "What is God?" "What is the Sacred?" "Is there a loving being that helps us in our lives and in our healing?" "How can I know these things from my direct, personal experience?"

I will have done the job I set out to do if, by reading this text and its associated manuals, you can follow the footsteps of those I've had the pleasure to work with in the last two decades. They've blazed an amazing trail for you to follow.

**You need to read Volume 1 to understand Volume 2.**

Our approach to understanding and acquiring spiritual and shamanic states builds on two key concepts: the developmental events model for peak experiences, states, and abilities; and triune brain biology. Much of this book will be incomprehensible without the concepts covered in Volume 1. Thus, we recommend you read Volume 1 before attempting to understand Volume 2.

**This volume is written for trainees and professionals, not a general audience.**

Unlike Volume 1, which was written for laypeople, this book is written specifically for our trainees at the Institute for the Study of Peak States, and for other professionals who are actively researching, using, and improving on the discoveries and processes we describe. It is not designed as a survey course; rather, it's written at a more advanced level for people who are actually doing peak states or trauma healing work.

**This volume does not detail methodology nor attempt to prove our findings.**

For the most part I deliberately omitted discussion of testing methodology in this volume. Instead, the focus is on explaining the background and models necessary for practical application.

Readers who are not involved with cutting-edge prenatal trauma work often request that we provide corroboration for the material in this series of textbooks. Rather than duplicate material already well known in the field of prenatal psychology, I give relevant references at the end of each chapter. We have also cited supporting spiritual, shamanic, or psychological sources when possible. However, because much of what we're doing is totally new, state-of-the-art research, there hasn't been time or resources to run the kind of studies that we would all prefer. We hope that this book 'kick-starts' just this kind of research among our peers. Of course, the best proof is found by actually applying the material in this volume to one's own consciousness.

### **Expect corrections and revisions – look to our website for updates.**

The study and implementation of peak states of consciousness is in its infancy. We have attempted to indicate alternative explanations for the results we've gotten where possible. However, the study of peak states is *not* a 'mature technology' – you should expect revisions in both the models and the techniques in the future as new discoveries are made. This unavoidable fact of life is simply the nature of exploration into totally new paradigms. We will post changes and correct errors in the text of this textbook on our website at [www.peakstates.com](http://www.peakstates.com).

### **This volume focuses on the trauma-healing approach for acquiring peak states.**

Unlike Volume 1, this volume focuses only on the prenatal trauma-healing approach for acquiring peak states. Any of the latest-generation power therapies for healing trauma can be applied to the task, once the therapist understands how to target the healing. However, some of those therapies are more suited to this task than others. EFT, TIR, TAT, EMDR, and my own Whole-Hearted Healing™ (WHH) are examples of these sorts of therapies. Others can also be used. Different therapies are suited to different applications, and some therapies just work better with particular clients than other therapies do.

### **Charging for results**

This book describes a new and radical way to help people. However, I also want to see another fundamental change in the psychology profession that is probably even more important in the long run: the principle of 'charging (pay) only for results'. Along with other ethical and professional standards, my certified graduates agree to use this principle in all of their therapy and peak states work. This means that the therapist does not charge for his time, but rather for a predetermined amount if he succeeds in meeting the predefined goals he and his client had set. There is no fee if they fail.

Obviously, this is a radical departure from customary practice for most therapists. This principle is important for many reasons: it gives an experience of

integrity and honesty to the client; it is ethically and morally satisfying to the therapist; it rewards and promotes competence in therapists (unfortunately the current system does just the reverse); it predefines and in most cases simplifies and minimizes the financial impact that working with professionals has for most clients; it provides clear marketplace recognition; and since peak states work is still in its infancy and cannot be expected to work for everyone all the time, it helps this work gain acceptance because there is no financial risk for clients.

**We have companion manuals for this book.**

*The Basic Whole-Hearted Healing™ Manual* was designed to complement Volumes 1, 2, and 3 of *Peak States of Consciousness*. The manual gives in-depth coverage of our Whole-Hearted Healing™ (WHH) regression technique for trauma healing. It was written for professionals who need the practical, detailed information in their work with clients. WHH is also a particularly valuable technique for healing prenatal developmental events that block peak states of consciousness. We've found it absolutely necessary for our peak states students to use WHH because it gives them an understanding of trauma (and especially prenatal trauma) from their own personal experience. WHH also gives them a powerful way to heal trauma in cases where other techniques are not working effectively.

*The Basic Peak States Therapist's Manual* is specifically designed as a companion text for Volume 2 of *Peak States of Consciousness*. It is written for professional therapists who want to work in this field. It contains the nuts-and-bolts details to allow one to actually apply the theory in this book. Because of safety issues, it is only available to our in-class students.

**The material in this book should be considered experimental and potentially dangerous.**

The states in this book involve dramatic and often permanent change in people's psyche. There is often significant adjustment time needed, and sometimes there are drastic changes in people's lives, activities, and relationships that occur when they acquire some of these new states of consciousness.

We recommend you use peak state processes only after considering the nature of the changes involved and the personal consequences. Since this material is totally new and for the most part untested on large groups of people, there is a very real possibility that you may have some unexpected and potentially harmful outcome ranging from spiritual emergency, painful physical symptoms, suicidal feelings, dangerous strain on blood vessels, and heart attacks. Thus, we recommend doing this work only under supervision with a qualified professional, understanding that there are risks involved.

Please review our website [www.PeakStates.com](http://www.PeakStates.com) and our support email list for any updates, new problems or warnings about this or any of the processes in this book.

**Volume 3 applies the theory in this book to healing.**

In Volume 3, the material in this volume is expanded and new material introduced so that the causes of certain major diseases and ways to cure them can be explained. Volume 3 uses the developmental events model to expand on problems of the psyche, how trauma is created, why trauma-healing techniques work, and to explain the causes of the many unusual phenomena that can be encountered while healing. The material acts as a bridge between conventional trauma-healing processes like Whole-Hearted Healing and the so-called ‘psychic’ healing techniques. Volume 3 explains why we have the experience of a skin boundary, the effects it has on us, and how to dissolve it. We also cover in depth the critically important ‘sensate substitute’ problem.

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## Section 1

### **The Biology of Consciousness**

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## An Overview of the Biology of Consciousness

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The auditorium was full. The elderly Reverend Dolores ‘Mama’ Lucas was calling up people, one at a time, to heal them in front of the crowd. This had been going on for a while, and the front of the stage held a growing pile of braces, crutches and wheelchairs. Mama pointed to a wheelchair-bound woman in the back of the room. Unlike the rest, this woman immediately objected, saying that she didn’t want to be healed. Mama walked off the stage to the woman, grabbed her by the arm, and pulled her out of the wheelchair. She didn’t yet walk well – it was more of a stumble – while Mama towed her around. The whole time she kept wailing that she couldn’t be healed because she’d lose her governmental support payments. But it was too late; she could now walk. She left the stage under her own power.

Barbara Brennan in her well-known book *Hands of Light* tells this story: one morning, she was lying in bed lovingly gazing at her husband’s back. She found it intriguing how the muscles and vertebrae were interconnected... Suddenly, she realized what she was doing: she was seeing inside his body! She recoiled and cut off the experience. She writes: “I later found techniques that would bring on this state, so I could look inside the body when I chose to, provided I was able to get into that mental and emotional state.” She later did a fantastic job of mapping out how she did it. Her process involved a certain kind of breathing, knowing the path of the light through her third eye, and so on.

Louise Jarvis writes: “I decided to experience life by leaving home without permission to hitch-hike in Europe in the summer of 1971. I started the trip by throwing up violently beside the 401. My boyfriend was detached, not sympathetic to my distress. To pass the time, I began to predict which car

would stop. At a crossroads, I would say, the fourth car coming from that direction will pick us up. I was infallible all summer. Finally, at customs, I rushed ahead on a trajectory with an approaching car saying, if we intercept that car, he'll take us home. It was about survival, I think the way primitive people knew when a stranger was coming. It was almost like a game, not heavy or serious, but I always knew I would be right.

At home, my boyfriend refused to play poker with me. He called me a witch and I closed that part of myself until years later, when I discovered I could use affirmations to get the same results."

D. H. Harding had been absorbed for months with the question, *What am I?* He was walking in the Himalayas on a clear day, looking over a misty valley when for just a moment he stopped thinking. This was no ordinary moment; he forgot his name, his memories, and any concept of past or future. All that was left was the present moment. With astonishment he soon found that he could no longer detect that he had a head! It had vanished, leaving only an emptiness filled with everything around him – the grass, trees, and mountains.

It was breathtaking. And it was a permanent change. "There arose no questions, no reference beyond the experience itself, but only peace and a quiet joy, and the sensation of having dropped an intolerable burden."

Stories of this kind abound. An increasing number come from reputable witnesses. It is becoming more accepted that these kinds of experiences do exist, but how to explain them? Our work on peak states is about understanding *all* of the mysteries of being, using the lens of our developmental events model. If the model is complete, it should include and explain these phenomena. It does.

Most of us have a yearning for something that we can't really define. We search for culturally sanctioned ways to satisfy it without success. In some it shows up as a feeling that there must be more to life; in others a deep need to explore spirituality. Still others feel, deep in their hearts, they know that the world can be a better place, that people can experience joy in being alive and harmony with others and the natural world, that people's physical bodies can be healed in ways undreamed of in conventional medicine. This was my dream – to define the theoretical basis for these mysteries, and by treating it like engineering, to apply it for the betterment of ourselves and for all of humanity.

Welcome to my vision.

## Chapter Overview

One of the problems with reading any dense textbook in an unfamiliar field is in sorting out what is new and important from all the background material, explanatory detail and incidental information. In established fields of study, students typically use textbooks under the guidance of a teacher, who provides a

context for the material presented in the text and identifies the important concepts. Unfortunately, the field of peak states is so new that for the most part this option does not yet exist. For those readers who do not have the benefit of using this textbook in an ISPS training class, this introductory chapter summarizes the discoveries that I feel are both completely new and fundamentally important, not only to the field of peak states of consciousness but to psychology and medicine in general. These discoveries have the potential to transform these fields.

Chapter 2 simply starts over with review material from Volume 1, and the rest of the textbook builds from there.

### The Lack of a New Paradigm

Once a person becomes interested in exploring alternative healing or spirituality, he encounters a sort of chaos. No one has all the data assembled in one place. No one knows which facts are important and which aren't. Different traditions not only disagree but often vehemently disagree. In short, there is no systematic, understandable, basic structure that explains how all the traditions or techniques or phenomena tie together. A person cannot just sit down and place the various bits of information or experience that they encounter into a coherent picture. Moreover, much of what he does learn is distorted, incomplete or simply wrong because the people who espouse the various views don't have any way to test their assertions. Usually they build up a structure or theory based on a few limited experiences, as has occurred in psychology with its dozens of models of the mind. The easiest course for most teachers and students is to ignore any conflicting data. Unfortunately, because the models are limited or wrong, they can't be applied adequately. This problem even exists in the longstanding, conventional discipline of medicine, which *has* a theoretical basis:

“My students are dismayed when I say to them, ‘Half of what you are taught as medical students will in ten years have been shown to be wrong, and the trouble is, none of your teachers knows which half.’”

- Dr. Sidney Burwell, Dean of Harvard Medical School, quoted by Dr. G. Pickering in *The British Medical Journal*, July 21, 1956, pg. 115.

In Volume 1, we introduced the paradigm of peak states of consciousness and described how the many different peak states are the result of trauma-free events in prenatal developmental. In this volume, we delve much further into the biology of consciousness itself, because it is necessary both for designing effective techniques for acquiring peak states of consciousness, as well as for identifying the states themselves.

An oft-repeated question that I hear is, “Why do you think you've made a breakthrough when so many others have failed?” There is an old joke that I feel explains the matter perfectly:

A man is searching for his keys in the grass under a streetlight. A second man walks by, and asks if he can help. After a few fruitless minutes of searching, the second man asks “Where, exactly, did you drop the keys?” The first man points to a location at least thirty feet away. The second man, incensed, asks “Then why are we looking here?” The first man replies, “Because the light is better”.

In my opinion, this story illustrates exactly the reason why this field has struggled so unsuccessfully to solve these problems. Because conventional techniques do not easily lend themselves to examining prenatal experiences, the natural tendency was to look elsewhere for the answers. Fortunately, the first tool I developed, the Whole-Hearted Healing™ technique for healing traumas, was also designed to access prenatal events so I could study them. Metaphorically, unlike the first man in the story, I went and got a flashlight. Over time, this technique allowed me to explore this mostly unknown territory, and synergistically work out models and newer techniques to understand what my colleagues and I were finding. It also allowed me to test the models that I was developing in the best way possible – did they work? I also had another key criterion: did they explain not only the data we were uncovering, but all spiritual and healing phenomena that we knew of? The model grew and changed over time as we tested the implications of the theory, and made sure that it explained everything we knew of.

For the last thirty or more years, our culture has been in the uncomfortable position of trying to incorporate many new discoveries about spirituality, psychology, and healing into our existing beliefs. The relatively new studies of transpersonal psychology, humanistic psychology, mind-body medicine, and many other disciplines have arisen in response to the personal experiences that many people have that just didn’t fit into conventional models. However, this hasn’t resulted in some sweeping change as a new paradigm is adopted. Instead, this situation has just become more confused and chaotic. We now treat this information as if it were from a different world, and ask ourselves if it will ever be possible to reconcile the contradictions between our Western system and this new data.

At the same time, conventional medicine and psychology have often become ruinously expensive and yet have failed to solve many fundamental needs in healing and health care – and worse, they believe it is impossible to do so. Medicine still ignores any phenomena that conflicts with its outdated beliefs. For example, even after all this time the fact that the ‘placebo effect’ causes real, actual cures in about a third of the patients is still ignored by most physicians; in fact, to most people the phrase implies self-deception! Likewise, cases of rapid, spontaneous healing, which cannot be understood from conventional perspectives, are still dismissed as delusional, in spite of the impeccable evidence to the contrary. Phrases like “It must have been a misdiagnosis” and their ilk are used to dismiss any data that just cannot be understood from the conventional paradigm.

To many people's surprise, nothing dramatically significant seems to have come out of all these explorations into unsanctioned territory. True, a plethora of techniques, books and movies have had some impact on our popular culture, but there has been no significant shift in the current medical or psychological paradigm. Nor have there been any dramatic breakthroughs into fundamentally different and better ways of healing or helping people. Some changes have occurred in our everyday lives; we might now go to a chiropractor, or an acupuncturist, or use a power therapy for our psychological health. But we still use conventional approaches because for the most part there just is not any better alternative.

I believe there is a good reason for this lack of change, and it has to do with an inability to understand the new data from the existing scientific worldview. Until the phenomena that are outside this framework can be incorporated into a new paradigm that contains and explains both, the current situation will remain basically unchanged. Thomas Kuhn, the originator of the concept of paradigm, points out that a new paradigm must also be shown to have a dramatic benefit in solving problems that the current system cannot. Essentially, we need to be able to understand the underlying mechanisms for these unusual phenomena, so businesses can apply the technology to 'engineer' new products and processes that *will* have a big impact on society. Hence, we're in a limbo, like a supersaturated liquid, waiting for some new way of understanding to crystallize into a new paradigm.

I hope that this book, which explains the prenatal and sub-cellular biology of consciousness, and how to apply these insights, is just what is needed to crystallize the new paradigm into existence.

### The 'Primary Cell' Model'

This volume introduces probably one of the biggest breakthroughs in understanding the biology of consciousness that has yet been made – the discovery of the 'primary cell'. To my complete surprise, there is actually a single cell in our body that contains and is the source of our consciousness awareness. The rest of our trillions of cells, rather than forming our consciousness in the brain, instead act as extensions to the primary cell. From that perspective, our bodies are like clothes, designed to cover, amplify, and protect that single cell. It is the primary cell, not the brain, that is the seat of consciousness.

This concept isn't just some sort of theoretical abstraction. It turns out that we all unknowingly superimpose our perception of our primary cell environment onto our awareness of our everyday world – and don't even realize it. Objects in this real, sub-cellular environment are responsible for many ordinary sensations that we have, such as the experience of a traumatic feeling becoming locked into a specific area of our bodies.

Even more important, many of the seemingly 'non-physical' spiritual and psychic experiences that people have are due to the perception of real, tangible *physical* objects in and around the primary cell itself. This discovery has

tremendous implications, because it unites modern cellular biology with concepts found in spiritual and shamanic traditions from around the world. Textbooks on modern cell biology have photographs of the physical origins for many so-called ‘non-physical’ perceptions!

### The ‘Developmental Events’ Model – Peak States and Optimum Metabolic Processes

Many peak states of consciousness actually correspond to the optimum function of metabolic pathways in the primary cell. For example, many of these peak state pathways exist between particular genes in the nucleus and the surrounding structures in the cytoplasm. Because there is a peak state of consciousness that allows one to clearly ‘see’ inside the primary cell, one can identify some of these peak states by examination of key structures inside the primary cell.

Using regression, one can heal traumas in early developmental events. As was described in Volume 1, healing certain key events causes a person to acquire specific, identifiable peak states of consciousness. The developmental events model is valid because healing past trauma impacts the primary cell’s structure and metabolism. If a key growth event occurs with trauma in the far past, the primary cell develops incorrectly, and the particular metabolic pathway is impaired or completely inhibited. Healing certain *past* event traumas causes the biology of the primary cell *in the present* to change, resulting in the acquisition of the targeted peak state in our everyday awareness. This corresponds to more optimal cell function at the primary cell level.

This is a very important point to understand. The interplay between the primary cell model and the developmental events model is one of cause and effect: developmental events are in the *past*, and they caused the primary cell to grow into its present form; the primary cell is acting in the *present*. Structures inside the primary cell in the present act as gateways into traumatic moments in the past; healing traumas in the past actually *causes* changes in the biological structure of the primary cell in the present to occur.

### Primary Cell Organelles and their Triune Brains Form the Subconscious

According to the Papez-MacLean triune brain model (detailed in Volume 1), the human brain is composed of three groups of different and independent brain structures: the reptilian, mammalian, and primate brains. In lay terms, these are known as the body, heart and mind. These brain structures, independently self-aware and with differing biological objectives, are the source of what psychologists call the subconscious.

These self-aware brains, which one normally thinks of as being formed by different kinds of neural cells in the head (or in various locations in the body, as in the case of the spine, or in combination with neural tissue elsewhere in the heart and abdominal regions), do not actually contain the source of their awareness. Instead, these structures are actually *extensions* of more fundamental, aware structures inside the primary cell. Different subcellular organelles inside

the primary cell are actually the source of self-awareness of the various triune brain structures. Thus, the primary cell, instead of being some sort of a single tiny homunculus inside the head, is actually composed of a *committee* of many kinds of different awarenesses.

This understanding links early developmental biology to the primary cell. Volume I describes how the primordial germ cell is created by the coalescence of seven different self-aware precellular organelle cells. The separate awarenesses of these precellular organelle cells don't dissolve into one awareness during this coalescence event. Instead, they change to become the organelles of the eukaryotic cell, *without losing the continuity of their self-awareness*. Later, these organelle awarenesses simply extend their awareness into corresponding cells in the zygote, and later into the brain organs of the body.

At a more fundamental level, it turns out that cell membranes have their own fundamentally different kinds of consciousness – and problems. The kind of awareness that we associate with the experience of the sacred in shamanic traditions is the result of perceiving the self-awareness of the organelle membranes themselves.

### The Two Kinds of Conscious Awareness

If the subconscious can be found as organelles in the primary cell, where is the conscious mind? Research biologists have unsuccessfully endeavored for years to find the seat of conscious self-awareness in the brain. Instead, like the subconscious, conscious awareness is also located inside the primary cell – but it isn't an organelle.

In reality, there are two kinds of conscious awarenesses in a person. The first is based on the consciousness of genetic material. We call it the 'directing self' – the part of us that consciously acts to, for example, cause fingers to type on a computer. This directing self is found in the nucleolus, which is inside the nucleus of the primary cell. Humans experience the location of the directing self along their body's vertical axis (even though physically the nucleolus looks somewhat like a ball of yarn). Problems in the development of the nucleolus lead to multiple personality disorder and other issues.

The second type of conscious awareness can be accurately described as the 'observing self'. Continuing the previous example, this is the part of us that watches our fingers type on a keyboard. It is experientially defined by finding the 'center of awareness' (CoA): simply point at where you feel you are in your body. The observing self also has a physical basis inside the primary cell, but the most relevant structures aren't identified by conventional biology, due to their extremely tiny size and lack of obvious function. The core of the observing self lies in a ring-like sub-structure found inside the nucleus of the primary cell, part of a structure (and region) we call the 'nuclear core'. The observing self also has a secondary component: it is carried in a crystalline material, found in tiny structures on the nuclear membrane, and distributed through microtubules inside

the cell. In spiritual traditions, these structures on the nucleus are called chakras; the microtubules are called meridians.

A key breakthrough was the discovery that a person's observing self derives from a biological developmental path that *precedes* the precellular organelle's developmental sequence. This earlier developmental sequence begins just before the person's parent implants into the grandmother's womb. Surprisingly, the awareness starts as two separate biological structures that form in the *grandmother's* primary cell, in her nuclear core. These tiny awarenesses are transported to a structure on the nuclear membrane (called a chakra in spiritual traditions), where they fuse and develop into a bubble-shaped object. This bubble is then transported from her primary cell in her head and down to her womb, where it enters into the parental embryo, and is then incorporated into newly forming precellular organelles.

Traumas in the observing self's developmental sequence block peak states related to pure consciousness, such as feelings of being present or emotions such as joy. They also result in a large range of problems – for example, trauma at one moment in this sequence is responsible for the ability to act out or experience evil in oneself. These phenomena cannot be understood or acquired by healing standard precellular or later developmental events. However, they *can* be efficiently acquired with techniques that recognize the biological origin of the observing self.

### The 'Transpersonal Biology' Model and the Realms of Existence

Transpersonal psychology describes many experiences involving what are usually perceived as external consciousnesses that exist independently of our physical selves. In this text, I refer to these consciousnesses as 'realms'. One of the most important realms for our work is that of 'Gaia'. Climatologists have observed that interlocking biological systems regulate our planet's temperature, making our biosphere a kind of gigantic organism: they named this Gaia, after the ancient Greek goddess. Traditional cultures go one step further, and ascribe self-awareness and will to Gaia. Our work shows that this is literally true: in fact, Gaia directs the development of every organism on our planet.

The other realms we've identified are those of our species consciousness, Creator consciousness, the Oversouls, the Void, and the Sacred. However, rather than being purely non-physical, these realms are based on the perceptions of various *biological* structures in the primary cell. In fact, by regressing to the earliest moments in development, one can observe how consciousness itself is constructed. For example, the genes give us access to our species consciousness. Cellular membranes have their own type of consciousness that give us the experience of the realm of the Sacred. Surprisingly, by using regression we've found that humans are designed to not only access these realms, but to actually have their consciousness merged continuously with them all.

Each realm has certain peak states that derive from it. These states are acquired by healing relevant, crucial moments in prenatal development. Yet, in a

sense, acquiring these states is a secondary objective: the real goal is to incorporate the realms into one's consciousness.

The key point is that these transpersonal realms have a biological basis at the sub-cellular or developmental events level; and this *also* applies to all other shamanic, spiritual and psychic phenomena as well. I call this discovery the ‘transpersonal biology’ model. Some of these unusual phenomena were assumed to be non-physical, because people simply mistook cellular and sub-cellular biological structures and processes as spiritual experiences (either in the present or in past developmental events). The other transpersonal phenomena are not recognized as having a biological basis due to a more fundamental reason – transpersonal phenomena can be seen either from a level of pure consciousness, without any biological component; or from a biological perspective, without the transpersonal component. Many subcellular structures in the primary cell and in very early development have this property: they act as ‘gateways’ into non-physical experiences. This is one reason why the recognition of a biological basis for transpersonal phenomena has been missed in psychology: to see it, one has to be aware that this duality exists, and deliberately shift perception from one viewpoint to the other. Even then, the other major block to this realization is in recognizing cellular and sub-cellular biological structures and processes when one makes the shift.

Techniques based on the transpersonal biology model can be used to explore fundamental questions of humankind that all cultures throughout time have asked – “What is the Creator? What is the Sacred? What is our purpose as individuals or as a species?” – and this exploration can be done in oneself with just a moderate amount of effort.

### **The Biological Basis for the Creator, the Oversoul, and Past Lives**

By using regression, we find that the observing self’s developmental sequence is a path to many fundamental transpersonal realms and experiences. In particular, an understanding of this sequence allows us to identify the biological basis for experiences of the Creator, of the ‘Oversoul’ (sometimes called the ‘superconscious’ or ‘higher self’ in transpersonal psychology), and access to all past lives. Inside one’s grandmother’s nuclear core are two sub-structures that look like spheres (in an average person): one contains the physical basis for the Creator; the other contains networks of oversouls. Surprisingly, our consciousness first forms as an aware piece of crystal that separates from the Creator structure; and as an aware liquid that flows from the Oversoul network. Thus, the very beginning of our consciousness is two-fold, and fundamentally different from the awareness that forms when they later combine to form the core of our observing self.

The grandmother’s nuclear core is not unique – each of us also has a nuclear core inside our own primary cell. Like using the flame from an old candle to light a new one, these structures recreate themselves in each new primary cell, part of a continuous, never-ending cycle of re-creation that has been going on for billions of years. Thus, since we also carry this structures inside ourselves, the

Creator and Oversoul realms are available to us either in the far past *or* in the present moment. On a biological level, one merges with these realms by healing the blocks to having the nuclear core's physical Creator, Oversoul, and observing self's sub-structures unify; the resulting structure looks like a golden sphere. However, be warned: when regressing to one's own origin, one relives one's own separation from these realms of existence. Accessing these developmental events can trigger disabling and long-term trauma symptoms, spiritual emergencies, and adjustment problems.

A number of related states can also be acquired using regression or other healing techniques that modify our primary cell's sub-cellular biology. For example, when the Oversoul consciousness is acquired, one has awareness of every moment of all of our past lives simultaneously – and it can take considerable time to adjust to it. (Experiences of single past-life traumas have a different biological mechanism that is covered in Volume 3.) As another example, a different early stage gives rise to experiences of communicating with dead people. For most of the population, these states and experiences are blocked by early developmental trauma. However, any technique that cause our consciousness to temporarily interact with various sub-structures in or on the nucleus, or that trigger regression into the grandmother, can give rise to the broad range of Oversoul and Creator experiences (such as is found in the literature on near-death experiences).

Thus, issues around our connection to the Creator, our oversoul and our past lives result from the earliest developmental stages. As unlikely as all this may seem, techniques based on the transpersonal biology model actually work as predicted, adding to our confidence that it has objective reality.

### **Dysfunctional Homeostasis – Body Associations and Sensate Substitutes**

An understanding of the triune brain system is important for more than just acquiring peak states. It turns out that many psychological issues, physical problems and serious or life-threatening diseases are the indirect result of actions by the triune brains. In particular, a dysfunction of the body consciousness causes many of these problems to occur.

During trauma, the body consciousness forms and stores a link between the various sensations that it felt during the event. We call these links 'body associations'. Later on in life, it uses these associations to guide its behavior (giving rise to the well-known phenomenon of Pavlovian conditioning). Since these body associations are merely circumstantial and not rational – many are made well before birth – their inappropriateness in the present causes problems for the adult. In particular, they tend to drive the body to maintain its current level of homeostasis, no matter how dysfunctional this may be, and to resist changes such as acquiring new peak states of consciousness.

In some particular kinds of traumas, the body associations that form will cause the body brain to later try to reproduce the particular sensations it had in the past by finding substitutes that give it a similar feeling in the present.

Unfortunately, the ‘sensate substitutes’ the body chooses usually cause serious psychological or physical problems for the person.

These concepts are only touched on in this text – Volume 3 covers these extremely important problems in depth.

### The Tribal Block

There is another main reason why people avoid acquiring peak states (or resist change of any sort), or have trouble acquiring peak states using the techniques based on the developmental events model. It is a phenomenon I’ve termed the ‘tribal block’. In essence, people are unconsciously yet powerfully influenced by what feels like their extended family and cultural group. In particular, any attempts to change by acquiring peak states are strongly discouraged by this tribal block mechanism. It’s as if, like lobsters in a pot, all the other lobsters try to pull back the one that tries to escape. Our students regularly have to deal with this problem, or else they find themselves suddenly losing interest or even feeling fear about doing healing or peak states work. The tribal block mechanism also causes other serious mental and physical problems. On a global scale, it is the basis of cultural identity and dysfunctional societies.

This mechanism is biological in nature, and exists at the level of the primary cell. Volume 3 goes into this key problem in more detail.

### Practical Applications of the Engineering of Consciousness – and Its Dangers

The foregoing explanation of the biology of consciousness would be useless if there were not tools to exploit and verify these conclusions. In other words, where’s the proof? Fortunately, a major breakthrough involving a particular peak state of consciousness provided the means to create a ‘trick’ that allowed us to precisely target pre-selected key developmental events in people, so they could be healed. I call this the Phrase Regression Technique™, and it is based on a phenomenon we call ‘Gaia commands’ (see Chapter 17). Although the research team had to have extensive training to derive processes that used this phenomenon, the results of their work can be taught easily to ordinary therapists. This is analogous to advanced mathematicians using vector calculus to derive simple tables for non-professionals to use in their job. The importance of this technique cannot be overstated – probably the single most limiting factor in the development of the field of prenatal psychology has been the lack of simple methods that could easily and reliably access key developmental events for healing.

Another major breakthrough in our work was the realization that many dysfunctional mental states and other medical disorders are caused by problems in the same underlying biological mechanisms or developmental events that, when all works well, produce peak states. In other words, peak states represent optimum functioning in the primary cell, while many diseases are due malfunction or non-function of these same mechanisms. Thus, the same techniques that were developed to acquire peak states of consciousness can also

be applied to curing various mental and physical conditions and diseases. (Volume 3 explores this subject in depth.) In fact, these clearly important and financially valuable applications will almost certainly drive acceptance of this work in spite of paradigm-based resistances to peak states concepts.

Another major new approach for acquiring peak states or healing is to modify the primary cell directly in the present, rather than using past developmental events. However, this approach, although far faster and easier than regression, has the near certainty of harming some therapists and clients who use it without proper training. The biology of the primary cell is too subtle, complex, and interactive for anyone to crudely manipulate it with safety. By analogy, it is similar to having the magical ability to reach inside your car engine while it was running, but while doing so you accidentally pull out a connecting rod or piston and destroy your car.

In fact, extreme caution and adequate training *must* be taken with any of these techniques, be they for peak states or disease treatment. There can sometimes be major adjustment problems with new peak states; severe emotional and physical distress and acting-out (including suicidal actions) from re-experiencing traumas; or major dysfunctional homeostasis problems. Worse (and unrecognized by most therapists), some developmental events are like landmines. They sit harmlessly in the past until a person triggers them, by accident or via a psychological or spiritual technique. Once activated, they start a cascade of biological events that can cause emotional and physical symptoms, mental disorders, and serious biological diseases *that won't stop after the session is completed*. Healing the initiating trauma will not reverse the consequences – by analogy, letting go of the trigger won't make the bullet go back in the gun.

Unfortunately, these problems aren't limited to Institute techniques - *any* trauma technique (or even traumatic events in one's life) can accidentally uncover problematic developmental trauma. The difference is that our techniques are simply more efficient at targeting developmental events, so the issue is more obvious. Thus, training in how to avoid or deal with these problems is vital for the safety of clients. It is exactly like working with a powerful drug or explosive: used with care and knowledge, they can save lives or perform useful work; used with carelessness or ignorance they can cause injury or death. Even with training, we're exploring a totally new frontier, and based on past experience, it is likely that we will see more injuries and deaths in this work.

Encountering these dangerous developmental events is one of the major reasons why research into applications of regression, be they peak states or diseases, is so dangerous. To give you a practical feel for the magnitude of this problem, using our much more powerful techniques, *roughly a third of my colleagues doing the research in this new field have been killed or permanently physically or emotionally crippled from their explorations*. This wasn't from lack of any ability, training or talent on their part: rather, they encountered problems that simply could not have been anticipated. As this occurs, we

eventually find the cause, which allows us to post metaphoric ‘warning signs’ at the appropriate places, making it safer for the people who follow.

Even so, we know that there are some developmental events that only affect a small number of people in dangerous ways. This makes it unlikely that all problems will be found when only relatively small groups are tested. Thus, when larger groups of people start using this material, it is probable that other problems will be found that, again, are impossible to foresee. For this reason, the current generation of processes should be considered potentially dangerous. They have not yet been tested on large enough numbers of people to guarantee that all potential problems have been uncovered. This is to be expected with any new technology, and is exactly the same problem encountered with all experimental drugs and new medical techniques. Albeit heartbreaking, this is simply the nature of explorations into the unknown.

The safety issues I’ve been discussing are not limited to trauma approaches to peak states and healing. Many people have the mistaken belief that work in the area of consciousness or spirituality is intrinsically harmless. For example, we often hear phrases like “You never get more than you can handle” or “It’s all in the divine plan”. This irrational belief is due to several factors. First, most existing ‘spiritual’ techniques have so little effectiveness that problems – or intended results, for that matter – don’t usually occur. Second, most of the people who hold this belief (be they students or teachers) have no experience with spiritual emergencies or any training with suicidal or mentally ill people, and so don’t realize that this is even a possibility. And third, the people who are harmed form a small minority of the total number of people using the techniques. Since the causal relationship between the spiritual practice and the problem is usually not obvious, the people who are harmed are assumed to be suffering for other reasons. On the darker side, we’ve also seen spiritual teachers, many of whom knew better, express this belief in the intrinsic harmlessness of spiritual techniques, yet they were unwilling to acknowledge that this problem exists because it would threaten their income or prestige.

In summary, it was critically important to derive relatively simple methods that could test and apply the theory. More importantly, to have a significant impact on our society and to change the current paradigm of medicine and psychology requires techniques that are far more powerful and cost effective than existing ones; can heal conditions that existing techniques cannot; and can be used easily and reliably. The current generation of peak state techniques, and their corollary health applications described in this textbook, fit this bill. And as with personal computers, each year new applications appear while the effectiveness and reliability of older techniques continues to improve.

## Key Points

This book introduces new, fundamental discoveries that explain how developmental and cell biology is related to psychology and medicine:

- Many completely different peak states of consciousness exist.
- The developmental events model for peak states explains how trauma healing can be used to acquire peak states.
- Self-aware precellular organelle ‘brains’ exist in early human development, and trauma at this early stage has a huge impact on peak states and health.
- There is a primary cell in the body where our biologically-based consciousness really resides.
- The phenomenon of the subconscious is due to the actions of the self-aware triune brains. The awareness of these brains actually resides in organelles in the primary cell.
- Many peak states correspond to optimum function of metabolic pathways in the primary cell. Healing key prenatal events repairs these metabolic pathways and their related structures inside the primary cell.
- Non-physical ‘spiritual’ or ‘psychic’ phenomena are perceptions of actual, physical intracellular structures inside of the primary cell, or of events in early development.
- There is a planetary consciousness (Gaia) that directs development in every living organism.
- One can use the Phrase Regression Technique (based on ‘Gaia commands’) to make processes that target key developmental events, so that one can actually apply the theory of healing traumas to get peak states and better health.
- The body consciousness makes associations that in some cases result in ‘sensate substitutes’. These problems cause various emotional, physical, and spiritual problems in most of humanity, including dysfunctional homeostasis that causes resistance to acquiring peak states.
- The ‘tribal block’ is the most common obstacle to change at a personal and cultural level.
- Prenatal regression or primary cell techniques are still very experimental and have caused the crippling or death of a number of researchers. As with any powerful drug or medical procedure, these techniques can provide immense benefits, but must be tested and treated with extreme caution.

These discoveries are summarized in three interrelated models that explain the full range of phenomena we’ve seen in our work. These models explain how and why unusual spiritual and shamanic states and experiences exist, and they allow simple and effective ways to be derived to acquire them. These models can also be applied to practical problems of health as well as to age-old metaphysical questions, and the results can be tested for both validity and effectiveness. These key models are:

- The ‘primary cell’ model describes the properties of the primary cell, its organelle ‘subconscious’ intelligences, and the health impact of dysfunctions at this level.

- The ‘developmental events’ model explains how prenatal traumas block peak states and abilities. The model can be used to understand how to acquire peak states *and* to treat many serious illnesses.
- The ‘transpersonal biology’ model describes how particular developmental stages (and their related structures in the primary cell) give rise to the many transpersonal experiences covered in this textbook.

## Suggested Reading and Websites

### Sources for the introductory stories

- Barbara Brennan, *Hands of Light: A Guide to Healing Through the Human Energy Field*, Bantam, 1987.
- D. H. Harding, *On Having No Head: Zen and the Rediscovery of the Obvious*, Inner Directions Foundation, 2002.

### Institute for the Study of Peak States regression techniques

- Grant McFetridge and Mary Pellicer MD, *The Basic Whole-Hearted Healing™ Manual* (3<sup>rd</sup> Edition), ISPS Press, 2004. This is the class manual for the technique.
- Paula Courteau, *The Whole-Hearted Healing Workbook* (Volume 1), ISPS Press, 2008. This is a self-study guide for the technique.

### Safety issues when using spiritual and psychological techniques

- Stanislav Grof, *Spiritual Emergency*, Tarcher, 1989. This is the first and defining book in the field of spiritual emergencies.

### Overviews of conventional research into consciousness

- Susan Blackmore, *Consciousness: An Introduction*, Oxford University Press, 2004. A good summary of conventional research into consciousness.

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### Peak States and the Developmental Events Model

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As you read this textbook, it might be easy to assume that the underlying models were relatively simple to work out. However, this is far from the truth – the models only seem obvious in hindsight. In fact, it's a lot like doing math problems – it is easy once someone shows you the trick. It is often hard to realize that many of those simple tricks took lifetimes to derive. Still, I was rather taken aback the first time a student walked up and told me with perfect seriousness that this material was all so obvious that he could have easily worked it out in a weekend if he'd bothered to do it.

Understandably, most people can't relate to the kind of effort and type of thinking that goes into creating a new scientific theory, because they simply have nothing similar in their own lives to use as a reference point. The research process is not a neat and tidy endeavor. The work to understand peak states and to develop the developmental events model was quite a bit like living in a Sherlock Holmes mystery – as Dr. Watson could tell you, figuring out what is important from what is trivial is not an easy task. Worse, critical information often wasn't even available until one could deduce that something had to be missing, and then one had to figure out ways to get it. Missing, incomplete, and simply wrong data; blind spots and paradigm assumptions I didn't even realize I had; erroneous extrapolations on insufficient data points; the constant urgency to solve these mysteries so I could help seriously ill or dying people; working with psychologically damaged research volunteers who unconsciously distorted their observations; friends and colleagues who wanted me to abandon this study, or insisted that I was wrong to look to prenatal trauma for the answer; all these and more led me on many false trails that took a tremendous amount of time and money. It was not easy to think up experiments that would test out the theories, nor to figure out what implications a theory had that could be looked for. Momentary, stunning flashes of insight were preceded by years of frustrating

work, and followed by yet more years of work as the breakthroughs were fleshed out.

## Chapter Overview

This chapter reviews the developmental events model described in Volume 1, and introduces two new elements: the existence of ‘gateway developmental events’ that allow us to access experiences of non-ordinary, non-physical reality; and ‘choice developmental events’ that require us to make fundamental decisions about our existence on earth.

The chapter ends with a brief introduction to the ‘primary cell model for peak states’. Although complementary to the developmental events model, the primary cell model allows us to develop very different ways to acquire peak states. It also explains how seemingly non-physical phenomena have their basis in physical intracellular objects or processes.

### *States, abilities and experiences in this chapter*

- Wolf Awareness state
- Truth experience

### *Relevant processes*

- Laks Peak Experience to State Technique™

## What Are Peak States?

The best way to understand what peak states are is to use your own memory. Think back for a moment to a time when you felt absolutely, amazingly wonderful. The psychologist Abraham Maslow in the 1960s coined the phrase ‘peak experience’ to describe those unusual moments. If such a moment had lasted, we would call it a ‘peak state’. Reflect a little longer, and see if you can recall more of these moments. Many people notice that different peak experience moments have very different, although still wonderful, sensations – they are glimpses of several different peak states. Now, try imagining what your life would be like if you had those wonderful sensations all the time, from the moment you woke to when you fell asleep. Then imagine that there are even better feelings that you can’t even conceive of! To allow everyone the ability to live their lives in that way, with many amazingly wonderful peak states of consciousness, is why we’ve spent our lives doing this work and written this book.

Mystics and other spiritual seekers know intuitively that there is another important reason for wanting peak states. Some of the states allow you to answer fundamental questions about your life, or fulfill your deepest longings. Questions such as: “Is there a God?”; “What happens when I die?”; “How can I have an experience of the sacred?”; and “What is the point of living?” all have answers when you live in some of the unusual spiritual and shamanic states covered in this volume.

Many people can't recall any peak experiences when they think about their past. Of course, a few have never had any peak experiences, but the majority have a different reason why they can't think of one. They have confused the surroundings or the specific people that triggered the experience with the experience itself. They imagine that they could only feel the peak sensations in those particular circumstances, or with those particular people. For example, one person might say he felt wonderfully different while making love to his partner, but he just assumed it was lovemaking with that person that made him feel that way. Another might find a transcendent moment of joy and peace while walking on a beautiful day in the woods, and likewise assume that it is the activity of being there in those circumstances that makes him feel like he did. Another may have a magical feeling occasionally while painting or dancing. Whatever the circumstances, it is how wonderful you felt that is the key, not what happened to trigger it. Now, try that exercise again. Can you catch more peak experiences?

Some people confuse the relief of getting rid of a psychological or physical problem with acquiring a peak state. Suppose you have a painful cut. After it's healed, you're just back to normal and no better than before you were injured. Acquiring a peak state is quite different; you now have wonderful feelings and sensations *added* to your life. It's these feelings that make your life worth living, and in fact make life something to truly enjoy! This doesn't make your issues go away, but, depending on the peak states you acquire, it can make your quality of life much better. For example, getting a peak state that makes you continuously happy is going to put your fear of public speaking in a much better perspective. Obviously, you will have a much higher quality of life than you had before. And of course, your friends and loved ones may find you much easier to be around!

#### Example:

Dr. Mary Pellicer moved into the Beauty Way state around 1998. After a while her family got used to her new calm, easy way of being. In the first year, she would lose her state from time to time, and both her husband and little children would quickly notice and ask her to please try and go back into the state!

#### *Defining Peak States:*

- If a peak experience is stable and continuous, it is called a ‘peak state’.
- There are quite a number of very different peak states of consciousness.
- Different peak states give one very different sensations or feelings whose intensity depend on the strength of the state.
- A person can have more than one peak state fully and simultaneously. (Some peak states, when experienced simultaneously, have new synergistic characteristics.)
- With some exceptions (the triune brain states, for example), peak states are *not* hierachal.

### *The Implications of Having Peak States:*

- You can have peak states without realizing that you have them – but you do generally wonder what's wrong with most people!
- Even though you may be in a peak state, you still need to learn how to use it effectively.
- Any given peak state doesn't make you perfect: you still have areas of dysfunction. Moreover, other people don't necessarily notice that you are in a peak state.
- Different peak states have very different impacts on one's life and one's quality of life.

### **Peak States and the Developmental Events Model**

This section reviews the 'developmental events model for peak states, abilities, and experiences' that was introduced in Volume 1. Simply stated, the model says that all peak states, abilities, and experiences are acquired during key events in our development as we progress from our earliest beginnings to sperm and egg, zygote, fetus, and baby. The states are gained when the growing, developing organism becomes complex enough to incorporate them.

To understand why some people retain these peak states from birth or can unblock them later on in life requires a background understanding of trauma and its effect on people. Contrary to a commonly held belief, trauma does not 'soak in' over time. Instead, trauma occurs at specific instants when painful experiences are held in stasis. In other words, the thoughts, emotions, sensations, and images from particular *moments* in our past are frozen, and, when recalled, cause us suffering. Those moments are just like a freeze-frame image seen on TV, such as when a football player is simultaneously catching the ball and being hit by a defensive player. Additionally, traumas can be painful *or* pleasurable. When pleasurable traumas are healed, one finds that the pleasure covers hidden, painful feelings that hold the misleadingly pleasant sensation in place. Trauma, whether painful or pleasurable, creates frozen 'decisions' (beliefs) that drive our current behavior in inappropriate ways.

For most of us, trauma occurred at the moment when our organism became complex enough to incorporate a new peak state. Later on in life when we start to feel the sensations of the state again, the associated pain gets triggered and we suppress the state, automatically and generally without conscious awareness. It's very much like being a lab rat that has learned to avoid an area of its cage where it received an electric shock. If the relevant developmental events were experienced with mild trauma, the corresponding states (and abilities) will come and go during our lifetime, depending on outside circumstances and our use of spiritual or shamanic practices. If these key events are experienced with extreme trauma, it becomes nearly impossible to access these states no matter what techniques we use or what circumstances we encounter.

The model implies that any particular state can be restored by healing the traumas that occurred during relevant developmental events. By analogy, a person is like a Michelangelo statue (the intrinsically perfect person) covered in

mud (traumas). Chipping away slabs of mud (healing key traumas) reveals the beauty underneath (the various peak states). This approach actually works for most people, making us quite confident of our model. For example, just knowing that traumas block peak states is enough to create a simple method that often is able to turn a peak experience into a peak state. Chapter 16 shows our various approaches for restoring the prenatal peak states, and the specific procedures can be found in the *Basic Peak States Therapist's Manual*.

**Example:**

It is common for people to unwittingly unblock their peak states by experiencing the torment of developmental event traumas, without realizing that they were reliving early biological experiences. An interesting example of this is found in the autobiography of Franklin Jones (aka Adi Da). While he was in college, he had a spiritual breakthrough that was the core of his later teachings. Some years after that initial event, he chanced to see photographs of *in utero* development. He realized that during his breakthrough he'd been both experiencing an energetic structure of consciousness *and* simultaneously reliving a prenatal developmental stage – one when his early fetal body was shaped like a seahorse. (*The Knee of Listening*, pages 72, 74, and 97.)

This model is a significant departure from all existing models and methods for understanding and acquiring peak states. First of all, our model says that peak states are our birthright, and *should* be present in us from birth. Secondly, our model includes not just states that our cultural conditioning is comfortable with, such as the Underlying Happiness state, but *also all spiritual and shamanic states* as well.

**Example:**

Dr. Hank Wesselman, an anthropologist and shaman, writes: "This process of growth cannot be forced, in my opinion, nor do I believe that it can be hastened by engaging in various spiritual practices with great expenditures of energy and dedication. I suspect that the key to spiritual growth and awareness is not fervor and commitment, but the removal of obstacles." (*Visionseeker*, page 191.)

As in any new branch of science, there are some issues in our developmental events model that still need refinement. We know that not everyone gets a peak state by healing what we think are the relevant developmental events. In many cases this is because we haven't yet found all of the developmental events. However, there are people who don't acquire peak states with straightforward developmental event trauma healing. As of this writing, we've isolated three different blocking mechanisms (which are also caused by trauma at key developmental events), and there may be others. They are discussed in Chapter 18.

### *Creating Valid Models*

- Everything must be explainable from one underlying model.
- The scientific method applies: hypothesis, experimentation, modeling, verification, prediction, and reality checking are required.
- A valid model can be used to solve problems that have not been solved before, and can predict phenomena never before seen.

### *The Developmental Events Model and Peak States*

- The developmental events model ties together seemingly unconnected or conflicting data from biology, psychology, and spiritual/shamanic disciplines.
- Peak states are acquired when the egg, sperm, zygote, and fetus grow complex enough to incorporate them.
- You can (and should) have peak states continuously from birth.
- Having peak states is a condition of normal health. Average consciousness without peak states is a condition of ill health.
- Peak states are not something you have to work toward achieving, like getting an advanced degree or some sort of prize for leading a virtuous life. Instead, they're your natural state.
- We're built to have all possible peak states continuously.
- People with only minor traumas involving a given peak state find that they occasionally experience it as a peak experience.
- Traumas (or indirect mechanisms that have their basis in traumas) block peak states.
- Peak states are not *acquired*, like an advanced degree or some sort of prize for leading a virtuous life; they are *restored* by the healing of relevant traumas.
- Anyone can have peak states permanently; it's just a matter of eliminating the correct type of trauma.
- Only *particular* key developmental events and other, related traumas block peak states.

### *The Relationship Between Traumas and Peak States:*

- Most people have lost peak states because of pre- and perinatal traumas.
- Any *effective* trauma healing technique can be used to get peak states, once you know what to heal.
- Even correctly healing the underlying problems does not always keep you continuously in peak states. Your remaining problems may kick you out of them temporarily while they're being stimulated by your internal or external environment.
- People can have peak states and psychological problems (including severe mental illness) at the same time.
- Most peak experiences can be turned into peak states by healing relevant traumas.

- There are a variety of methods to get peak states: our Institute's approach is but one of several very successful ways to restore peak states.

### *A Note on Terminology: 'Acquiring' Versus 'Restoring' Peak States*

When a client heals early developmental traumas and suddenly experiences a peak state, we often say that they have 'acquired' the state. Obviously, our model says that isn't true; the state was there before birth. Instead, all they have done is unblocked the state and restored themselves to what they once had. Thus, we should really use words like 'restore' or 'unblock' when referring to our peak states processes. However, most clients would not understand what that means; to them, it feels like they've acquired something out of nowhere. Thus, in these textbooks I'll often use the word 'acquire' and 'restore' interchangeably.

However, when we talk about pre- or perinatal developmental events when the organism abruptly becomes complex enough to incorporate peak states, it is accurate to say that the organism 'acquires' the state at that moment. After birth, all we do is eliminate the blocks to these earlier moments to restore the states we once had.

### **Peak Abilities and the Developmental Events Model**

Let's look in more depth at a part of the model that was only briefly mentioned in Volume 1 – that of peak abilities. Like peak states, peak abilities are a consequence of having particular developmental events occur without trauma. Some peak states automatically give characteristic, unusual abilities.

What are some peak abilities? Volume 1 mentions two of them: the ability to see the triune brain awarenesses as spheres of light, and the ability to merge the consciousnesses of two or more people. Barbara Brennan's 'X-ray' perception mentioned at the beginning of this book is another excellent example. These abilities are covered in depth in Volume 3, since it is particularly important for healers to have the ability to see phenomena that cause physical and emotional harm in clients.

It is also possible to have *some* peak abilities *without* a peak state. We access these abilities by surrounding ourselves in the present with the sensations we had during their key developmental moment. Most people who have natural peak abilities are not aware that they do this. We have our students acquire these abilities by healing any trauma at the relevant key events. Afterwards, they can turn these abilities on and off by deliberately choosing to feel the sensations they had during the relevant past developmental event.

#### **Example:**

It is possible by healing key developmental events to radically improve the senses. Probably the most amazing for me was the 'wide-angle vision' ability to visually see everything simultaneously from all sides in a greatly enhanced three-dimensional way. This included seeing objects that were actually behind me!

An even more extreme example is called ‘wolf awareness’ in shamanic traditions. It involves a drastic enhancement of all the senses simultaneously. Wes Gietz developed this ability using shamanic approaches, although he found keeping all the awarenesses enhanced was a bit like juggling. It finally occurred to us to apply the developmental events model to the problem – we had to laugh at ourselves for being so slow to remember to apply the new paradigm to the shamanic one we’d been trained in. He quickly found the event that allowed him to retain the ability without any effort or practice.

It’s been a bit tricky at times determining the relationship between particular abilities and states. It isn’t always clear whether an ability is due to a peak state, is itself a state, or is independent of any state. One reason for this uncertainty is that we have so few research subjects to work with. This is more than just a classification and identification issue – it can be important for acquiring the ability. A peak ability is usually accessed by surrounding oneself with the feeling that one has at a particular developmental event; while acquiring a peak state ability requires healing everything that blocks the state. In the text, I’ve indicated where the choice I’ve made could be argued either way, and why.

### **Definition: Peak ability**

A peak ability is an unusual ability that is either the result of a peak state, or is acquired on its own. If it is part of a peak state, it is present as long as the state is maintained. If not part of a state, it is accessed in the present by holding the feeling of the particular developmental event where it first manifested.

### **Peak Experiences and the Developmental Events Model**

The peak experiences that most people describe – elation, feeling of oneness with everything, timeless peace or joy – are in fact unstable peak states. This section looks at peak experiences that are *not* temporary (“unstable”) peak states. This can be a bit confusing as the same words are used for two very different types of phenomena. Unfortunately, one often has to look at context to determine which type of peak experience is being referred to. For example, a person might have a wonderful out-of-body adventure and call it a peak experience, but that is not something anyone would want as a continuous state of being. Many different kinds of peak (or unusual) experiences exist.

Applying the developmental model to this second group of peak experiences is particularly fascinating. You can regress to particular key events in development and, instead of just reliving the biological events at those moments, you enter a variety of other types of experiences. I have identified two different types of these unusual developmental events. Events of the first type act as ‘gateways’ to other realms of existence or times, hence the name ‘gateway developmental events’. These are radical experiences. When you regress to these moments in your past, you find yourself suddenly in a completely different

reality, occurring simultaneously with that early biological moment. An example of this was the access to the realm of the archetypes described in Volume 1. Appendix E lists the ones we know of, but there are many more. These gateway events are quite specific – they don't give you access to random non-physical realms, but rather to 'places' that are the same for everyone.

One way to access specific prenatal, sperm, and egg developmental events is to use particular body postures (interestingly, some of which are found in yoga positions. These postures mimic the sensations in the developing organism at particular times. By assuming the postures one can be catapulted into the past. This principle also applies to specific gateway developmental events. For example, Felicitas Goodman, working from a shamanic perspective, uses shamanic drumming combined with specific postures to access experiences of other realms of existence. Often, these experiences are like short movies. Each posture takes participants to exactly the same non-ordinary experience, although the depth and clarity of the experience varies from person to person. It's a bit like everyone is watching the same movie but with widely varying visual acuity. Goodman described this in several books, the first being *Where the Spirits Ride the Winds: Trance Journeys and Other Ecstatic Experiences*. More references can be found in the bibliography at the end of the chapter.

A second type of experience involves key developmental events where the Creator itself requires us to make a choice, hence the name 'choice developmental events'. An example from Chapter 13 occurs during birth, when the triune brains are required to choose between good and evil. Another example is in choosing particular life paths.

There is another interesting group of peak experiences accessed by key developmental events. They cause Platonic 'ideal' qualities to kinesthetically fill the organism. For example, there is a moment in time shortly after birth when you become filled with the body sensation of 'truth'. However, I suspect that these qualities are supposed to be continuous states and not just temporary experiences, although as of this writing this hasn't been tested.

#### **Definition: 'Gateway developmental event'**

A 'gateway event' is a particular developmental event that, when relived, gives access to a particular experience in other realities, or to other non-physical experiences.

#### **Definition: 'Choice developmental event'**

A 'choice event' involves a particular developmental event when the Creator requires the triune brains to make a specific decision or choice. We also apply this label to key decision moments where a different developmental sequence of events can take place.

### **Consciousness Is Impaired at Birth**

It is important to realize that birth creates major, radical changes in a person's consciousness, changes that are not just from traumatic injuries. People

who can regress at will report that their consciousness before birth is significantly different from what they experience after they're born. Most theorists assume that this difference is just a consequence of the fetal environment (that is, the unusual sensations of being a fetus enclosed in a watery, nurturing womb) or a lack of brain development, or that the fetus simply has an undeveloped 'oceanic' state of consciousness. However, people who have acquired peak states as an adult realize that they already had those states, at least to some extent, *in utero*. In fact, the fetus has many more peak states than the baby will. That's part of the reason why womb memories feel so different from adult experience. Birth is associated with a major degradation in consciousness as peak states are lost.

Other changes at birth are equally striking. The pattern of the triune brain awarenesses fundamentally changes. A number of specific peak states are potentially gained during this event (see Volume 1). This period of time is also rich in peak experiences: several 'gateway events' occur (see Volume 1) as well as a major 'choice event' involving good and evil (see Chapter 15). Far stranger, as the baby is coming out of the birth canal, it experiences itself being covered with a tar-like, non-physical layer that corresponds to a physical layer at the cellular level (see Volume 3). There are two other major changes at birth that involve the nature of trauma itself: one changes the way that traumas occur; and the other is a mechanism at birth that activates previously dormant traumas.

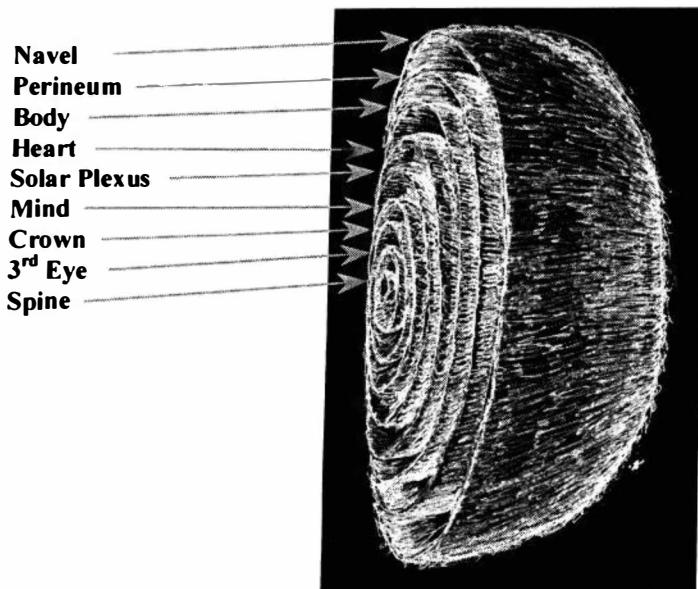
However, very few prenatal therapists recognize that any change occurs at birth. This blind spot causes researchers to completely overlook this most obvious evidence that peak states exist, and that they are our birthright. Rather than asking themselves "What in the blazes went wrong during birth to make this mess we call normal life?" they assume that typical adult consciousness is what was supposed to happen – and often refer to fetal consciousness as somehow "undeveloped" or inferior.

Worse, regression treatment for fetal trauma is usually done incorrectly, because therapists don't realize that fetal consciousness is unlike the adult's. Post-birth traumas can happen during events that contain only emotional pain, say for example during the death of a pet. However, it has been observed during regressions with thousands of clients that before birth only events that involve *physical injury* can create traumas. Examples include mechanical injury from compression or collision; internal injury due to toxic materials from the mother's blood getting into the fetus; toxic uterine, amniotic or testicular fluids; excessive heat or cold; restricted or blocked oxygen supply; bacterial or viral infections; electric or static shocks; painful noises; etc. However, this does not mean that the fetus can't feel unpleasant emotions about situations involving its parents or its surroundings, but simply that in the absence of injury, these feelings don't cause trauma. This fact is not widely known even in the pre- and perinatal trauma field, and explains why therapists sometimes fail to eliminate emotional content during pre-birth traumas. They don't realize that the emotions are held in place by physical injury – in essence, the injury is an anchor for the feeling. This lack of understanding is compounded by the clients' automatic defenses, since

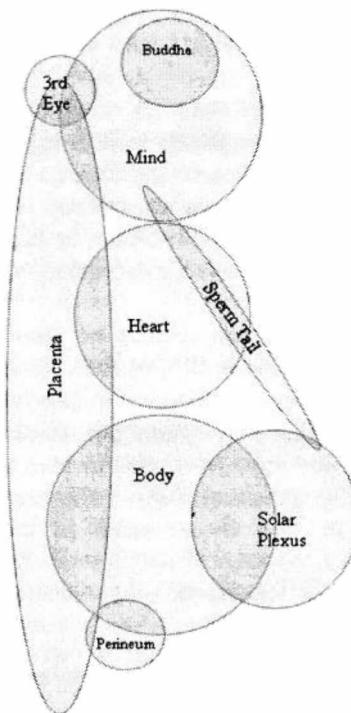
they often suppress any awareness of injury unless guided to look for it. Hence, both client and therapist remain baffled as to why a prenatal trauma doesn't fully heal.

Another major change involves the creation of a separate observing, controlling self – the ‘conscious mind’ as it is called in our culture. This is a dysfunctional separation between our conscious awareness and our triune brains, which starts at birth and continues to worsen over time. This problem is triggered by our transition into an air-breathing organism. To understand this mechanism requires more background information, which is provided in Chapter 4.

The fetus also has a unique pattern of triune brain awarenesses, that fundamentally change during birth. Before birth, the awarenesses are arranged in a distinct concentric spherical pattern, a bit like old-fashioned Russian dolls. From inside to outside, they are: sperm tail, third eye, Buddha, mind, solar plexus, heart, body, and perineum, with the placenta at the outermost layer. After birth, an entirely different structure forms, with the awarenesses arranged in a roughly vertical column, with the perineum at the bottom and the Buddha (crown) at the top. With attainment of a total brain fusion state, this latter pattern converges into a single undifferentiated sphere located in the belly area.



*Figure 2.1: A cutaway view of the fetal brains awarenesses. They form a pattern of concentric spheres.*



*Figure 2.2:* A typical post-birth Perry diagram (side view, person facing left) of triune brain awarenesses. At birth, the shape of the awarenesses changes radically from concentric spheres into patterns similar to the above. (Brain nomenclature can be confusing: the Buddha is equivalent to the crown, the placenta is the navel, and the sperm tail is the spine – the choice depends on application.)

After examining thousands of people, we've never seen even *one* child or adult who retains the pre-birth fetal Perry diagram pattern. Recently, we discovered that this pattern change is caused by precellular placental organelle trauma. Healing this returns the post-birth person's triune brain Perry pattern back into its original concentric form. However, to our disappointment this does not eliminate the block at birth to peak states. Instead, it turns out that there is a totally different (and dysfunctional) mechanism that does stimulate dormant trauma. I call it the 'tribal block' (Chapter 18). When the underlying biological cause of tribal block is completely eliminated, major improvements in consciousness occur. The biology of this problem is covered in detail in Volume 3.

### The Primary Cell Model for Peak States, Abilities, and Experiences

In this chapter I've emphasized the relationship between key prenatal developmental events and peak states, abilities and experiences. If the key events

occurred without any trauma, the organism incorporates the new, additional biological complexity along with its corresponding peak state, ability or experience. However, this developmental events model implies that there is another, equivalent way to understand the cause of peak states and experiences. Developmental events cause new, unique biological mechanisms to start up inside the single-celled sperm, egg, or zygote – thus, *peak states and abilities correlate to ideal functioning of particular intracellular processes in individual cells*. We call this alternative viewpoint the ‘primary cell model for peak states, experiences and abilities’. Like two sides to a coin, the two models are just different ways of seeing the same processes that cause peak states. (There is another key part of the model – the ‘primary cell’ part – but this will be explained in Chapter 4.)

Albeit equivalent, the two models are applied very differently. The developmental events model is particularly suited for understanding the various peak states. It is also optimal for finding new peak states. The primary cell model is ideal for understanding the biological processes that underlie our post-birth peak states and abilities. It also gives us an entirely different and more efficient way to acquire peak states.

At first glance, one might assume that the only practical way to acquire peak states is by using the developmental events model. As I’ve said, straightforward regression can be used for the task once a road map is drawn. In contrast, the direct modification of intracellular processes would seem to require microbiologists, drugs, and well-funded research labs. However, it turns out that the primary cell model is just as valuable for deriving methods to acquire peak states. Chapter 4 goes into the Primary Cell model and its surprising applications in depth. Chapters 3 and 6 cover the biological background necessary to understand this very different approach.

## Key Points

- There are many different peak states of consciousness. Each has different experiential characteristics. It is possible to have them concurrently and continuously.
- The developmental events model explains the cause of all unusual states, experiences, abilities, and non-physical phenomena that we know of.
- Peak states of consciousness can be acquired by healing key pre-birth developmental events.
- Peak abilities and entry points to unusual experiences exist at particular developmental events.
- We label developmental moments that access non-ordinary reality as ‘gateway events’.

- There are key developmental moments where the person must make choices about their growth and their lives. We call these ‘choice developmental events’.
- Fetal consciousness is exceptional and quite different from post-birth consciousness. Birth triggers species-wide problems that inhibit peak states and degrade consciousness.
- The primary cell model is equivalent to the developmental events model, but gives us a different way to acquire peak states. It also explains other unusual phenomena.

## Suggested Reading and Websites

Work with regression and healing in agreement with our ISPS paradigm

- Michael Derzak Adzema, *Falls From Grace: Spiritual and Philosophical Perspectives of Prenatal and Primal Experience*, Sonoma State University, CA (Master’s thesis), 1994. The author agrees that spiritual growth is about trying to recover what was lost, and critiques the large variety of spiritual models that contradict this idea.

Historical background on peak and plateau experiences

- Ed Hoffman (ed.), *Future Visions: The Unpublished Papers of Abraham Maslow*, Sage Publications, 1996. It contains suggestions for getting peak experiences.
- Abraham Maslow, *Religions, Values, and Peak Experiences*, Penguin Books, 1994.

On fetal, pre- and perinatal events and traumas

- Association for Pre- and Perinatal Psychology and Health, [www.birthpsychology.com](http://www.birthpsychology.com). Excellent material on the topic of *in utero* regression.
- Emerson Training seminars, William Emerson, [www.emersonbirthrx.com](http://www.emersonbirthrx.com). He is one of the leaders in pre- and perinatal psychology.
- William Emerson, “The Vulnerable Prenate”, paper presented to the APPPAH Congress, San Francisco, 1995, published in *Pre- & Perinatal Psychology Journal*, Vol. 10(3), Spring 1996, 125-142. An online copy is at [www.birthpsychology.com/healing/point2.html](http://www.birthpsychology.com/healing/point2.html).
- Michael Gabriel and Marie Gabriel, *Voices from the Womb: Adults Relive their Pre-birth Experiences – a Hypnotherapist’s Compelling Account*, Aslan Publishing, 1992.
- Stanislav Grof, *The Adventure of Self-Discovery*, State University of New York Press, 1988. Excellent coverage on the stages of birth, and on spiritual and shamanic experiences.

- Terry Larimore's 'Early Trauma Treatment and Trainings' program at [www.terrylarimore.com](http://www.terrylarimore.com). Her website also contains excellent material.
- Sheila Linn, William Emerson, Dennis Linn, and Matthew Linn, *Remembering our Home: Healing Hurts and Receiving Gifts from Conception to Birth*, Paulist Press, 1999. One of the few books I know of that mention spiritual experiences in prenatal regression.
- Elizabeth Noble, *Primal Connections: How our Experiences from Conception to Birth Influence our Emotions, Behavior, and Health*, Simon and Schuster, 1993.
- Bill Swartley, "Major Categories of Early Psychosomatic Traumas: From Conception to the End of the First Hour" from *The Primal Psychotherapy Page*. An online copy is at [www.primal-page.com/bills-1.htm](http://www.primal-page.com/bills-1.htm). Excellent review of developmental stages with great references. He also compares the triune brain system to other psychological models.
- Thomas Verney and John Kelly, *The Secret Life of the Unborn Child: How You Can Prepare Your Baby for a Happy, Healthy Life*, Dell, 1982. This was the first well-documented study that showed that the fetus is aware.

#### Using body postures for peak states, experiences, and developmental events

- Felicitas Goodman, *Where the Spirits Ride the Winds: Trance Journeys and Other Ecstatic Experiences*, Indiana University Press, 1990.
- Felicitas Goodman, *Ecstatic Trance: New Ritual Body Postures* (Workbook Edition), Binkey Kok, Holland, 2003.
- Belinda Gore, *Ecstatic Body Postures: Alternate Reality* (Workbook Edition), Bear and Company, 1995.
- Terry Larimore and Graham Farrant, "Universal Body Movements in Cellular Consciousness and What They Mean", originally published in *Primal Renaissance*, Vol. 1, No. 1, 1995. An online copy is at [www.terrylarimore.com/CellularPaper.html](http://www.terrylarimore.com/CellularPaper.html). A foundation paper in the field of prenatal trauma.
- Adnan Sarhan at [www.sufifoundation.org](http://www.sufifoundation.org). He uses music and body postures in a technique based on Sufi traditions to acquire peak states.

#### Books quoted in this chapter

- Adi Da (aka Franklin Jones), *The Knee of Listening: The Early-Life Ordeal and the Radical Spiritual Realization of the Divine World Teacher*, Dawn Horse Press, 1992.
- Hank Wesselman, *Visionseeker: Shared Wisdom from the Place of Refuge*, Hay House, 2001.

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## The Subconscious: Triune Brains and Cell Organelles

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A colleague's teenaged son was recently complaining that there were no unknown places left for his generation to discover. He yearned for a time when there were large blanks on the map, islands and deserts and oceans unseen by human eyes. Meanwhile, his mother, working with us, was mapping developmental events, using regression, and lived with the irony of having no way to convey to her son the strange worlds that she was seeing, "like being an explorer on the moon, a moon peopled with ghosts and strange life forms, full of dangers, unknowns, and treasures."

When I first embarked into prenatal explorations two decades ago, maps were poor and incomplete – and they still are. Most professionals denied that prenatal regression or awareness was even possible! Those state-of-the-art techniques were difficult to use and often gave questionable results. I soon found myself having experiences that the 'maps' couldn't explain. The most important of these was my realization that I had a number of self-aware 'triune' brains. Later, I learned that others had also made this discovery. Unfortunately, general ignorance of this key phenomenon has kept advances in psychology severely blocked for over thirty years.

### Chapter Overview

The last chapter outlined the developmental events model, which describes how the developing organism acquires peak states as it increases in biological complexity. However, in order to fully apply this simple model, an understanding of the biological basis of consciousness is required. In actuality, humans are made up of a conglomeration of different kinds of consciousnesses. In this chapter, we examine the ones that are the *most* important to peak states work – the triune brains.

This chapter starts with a review and expansion on the biological triune brain model introduced in Volume 1. These self-aware brain structures can be

lumped into three groups – the reptilian brain ('body'), the mammalian brain ('heart'), and primate brain ('mind'). However, in actuality there are nine different, independent 'brain' structures, each having their own particular biological tasks.

The self-aware triune brains' actions and 'thoughts' are the primary basis for Western psychology's concept of the subconscious. However, other processes also contribute to the phenomenon of the subconscious, trauma being the most important. Other mechanisms that are not directly relevant to the triune brains also exist.

The triune brains provide the physical structure that all other kinds of awareness are built on – consciousness cannot be reduced or divided any further. Peak states are an expression of the proper growth and development of the brains – there is nothing more biologically fundamental. As the brains develop, traumas cause them to resist the various peak states. This can be proved empirically because techniques that heal relevant traumas are very effective in recovering those states.

In practice, actually regressing to *in utero* (or earlier) developmental events to heal and regain peak states quickly gives rise to experiences that can't be understood in conventional Western psychological terms. Many of these experiences are caused by the dysfunctional actions and attitudes of our self-aware 'triune brains'. To fully understand the triune brains requires an understanding of human development. We replay ancient evolutionary steps when each parent creates seven different, tiny, self-aware, free-floating, single-celled organisms we call 'precellular organelles'. They are the first created while the parent is still just a blastocyst in the fallopian tube of the grandmother. They then combine and become organelles inside the 'primordial germ cell', which in turn eventually becomes a sperm or egg. The sperm and egg then further combine at conception, with ten of the organelle 'brains' pairing up while four remain unpaired.

The self-awareness of the organelles simply extends into the multi-celled triune brain structures as the baby grows *in utero*. Evolutionarily, the organelles are the templates upon which the multi-celled brains are patterned. Thus, the triune brains we are all familiar with simply reproduce in our everyday world the same basic functions as their tiny, simpler intracellular counterparts do in the cell.

Many peak states can be understood as the result of trauma-free developmental events involving the triune brains at every stage of their development. However, one can also say that peak states result from optimal functioning of particular processes between the organelles inside the cells. The two viewpoints are equivalent because trauma-free key developmental events *cause* optimal functioning of the particular metabolic processes that are experienced on a macroscopic scale as peak states. Because the intracellular organelles extend their consciousness into their corresponding multi-celled brains, peak states processes can be developed that work at the everyday triune brain level *or* directly at the level of the intracellular organelles.

**States, abilities and experiences in this chapter**

- All the triune brain fusion states

**Relevant processes**

- Temporary or permanent peak states using Triune Brain Therapy™

**The Triune Brain Biology and Brain Self-Awarenesses**

To understand the nature of many of the peak states in this volume (and our methods used to recover them) requires familiarity with the Papez-MacLean discovery of the triune structure of the brain. This material is covered in depth in Volume 1, so I will only emphasize the highlights here.

In our culture, we colloquially speak of the body, heart and mind as the source of sensations, emotions, and thoughts. From the perspective of evolutionary biology, these parts of our self correspond to separate brain structures known as the reptilian, mammalian, and primate brains. The brain didn't just get bigger in the evolutionary path leading to humans – instead, brain structures built out of new and different cell types were added to the original design, allowing evolving creatures to have new abilities. Rudimentary versions of many of these structures are present in fish and reptiles.

The ‘body’ or reptilian brain (the R-complex or equivalently the hindbrain, or archipallium) is at the core of the brain at the top of the spinal cord, and is composed of the thalamus with its surrounding basal ganglia (made up of the caudate, putamen, and globus pallidus). It handles basic tasks, such as hunger, territoriality, temperature control, keeping safe, and repetitive activities. It experiences itself in the lower belly, its primary area of responsibility.

The ‘heart’ or mammalian brain (the limbic system or equivalently the paleopallium or midbrain) is wrapped around the evolutionarily older reptilian brain, and is made up of the amygdala, hypothalamus, hippocampus and cingulate. It gives us the ability to have emotions, accesses long-term memory and controls hormones, and it causes us to care for our young. It experiences itself in the chest.

The ‘mind’ or primate brain (the neocortex or equivalently the neopallium or forebrain) in turn wraps around the limbic brain, making it the outermost layer. It includes the occipital, parietal, frontal, and temporal lobes. This brain gives us auditory memory, sensation and muscle control, memory of things like names and facts, and the ability to put ideas into words and to speak. It experiences itself in the head.

What isn’t widely known is that these brain structures are *self-aware*, have particular viewpoints and agendas, and ‘think’. However, each of their thinking processes radically differ. The body (reptilian) brain thinks in sequences of sensations, and makes decisions based on associations of sensations. The heart (mammalian) brain thinks in sequences of emotions. The mind (primate) brain thinks in sequences of words or thoughts. Most people are not conscious of the

fact that their triune brains are self-aware, although they are conscious of the sensations, emotions and thoughts that the brains generate.

The actions and ‘thoughts’ of the triune brains form what Western psychology calls the subconscious. Unfortunately, the brains typically act in dysfunctional ways that need to be healed, both to remove individual problems and to unblock peak states.

### **Example:**

Hawaiian shamanism recognizes the triune brains as a group and calls them a person’s *ku*. Serge King, a teacher of Hawaiian shamanism writes: “Psychologically, *ku* stands for what may be called the “body-mind”; the organizing consciousness of the body, the receiver of information about the physical world (seen and unseen), and the executor of action. It is tempting to call it the “subconscious”, as I have done elsewhere, but unless the integral association with the body is understood, that term can be misleading.” (*Kahuna Healing*, page 43.). Similarly, Hank Wesselman writes: “[the *ku* is] in its inner aspect, the subconscious mind or body mind of the individual...” (*Visionseeker*, page 316.)

Each brain also has a different core purpose (or primary drive) that it is biologically designed to accomplish. The body brain’s core purpose is to survive and reproduce, the heart’s is to connect, and the mind’s is to understand. These core purposes cannot fully be accomplished (i.e., the body will eventually die, the heart cannot physically connect, etc.), and thus the brains have what I call a ‘core dilemma’. Defending their awarenesses from these dilemmas results in various blocked peak states, and some processes use the approach of resolving these dilemmas to recover certain states.

Each brain also adds particular abilities and qualities to a person. Under normal circumstances they are somewhat difficult to isolate and identify. However, the brains can individually turn themselves ‘off’. When this happens, the brain’s self-awareness vanishes as if it had gone to sleep, and its core contribution also disappears. We call the resulting conditions ‘brain shutdown states’. From experiments with these shutoff states, we discovered that the mind brings the ability to form judgments; the heart the ability to feel that others are people rather than just moving objects; and the body brings the sensation of time passing. People with some degree of the different shutdown states can still function but, if this occurred later in life so they notice the change, are painfully aware of their disability and lack.

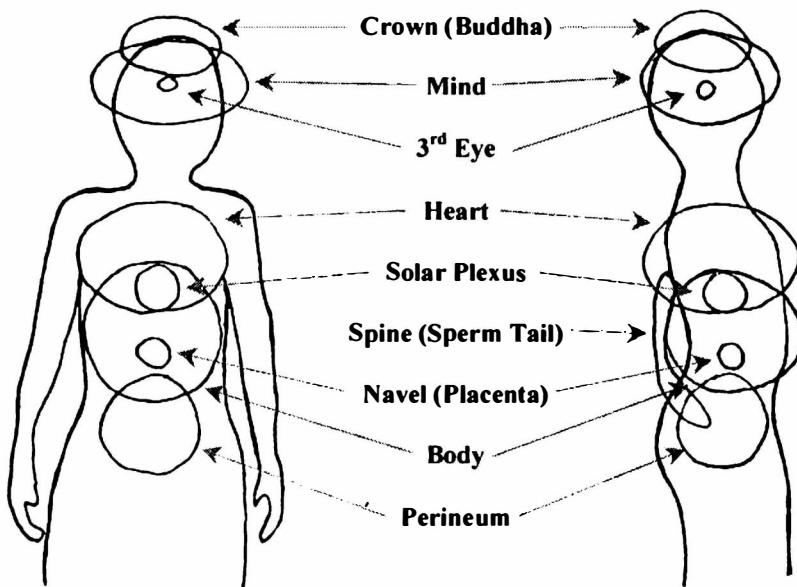
### **The Extended Triune Brain Model**

Although for most purposes we can adequately describe activities of the brain in just a three-part, ‘triune’ brain model, in reality we have a total of nine self-aware brain structures. Five of these structures are paired – they have self-aware ‘male’ and ‘female’ sides (reflecting their paternal or maternal origin) – while four are singletons (not paired), giving a total of nine structures made up

of 14 self-aware parts to the brain. However, both models are valid: the three-part model simply resolves into nine parts when one looks at brain structures more closely, and into 14 parts when one looks even more closely. We call this nine-part structure of the brain the ‘extended triune brain model’.

All of the brains need to be addressed (either overtly or implicitly) when doing many peak state processes. Neglecting to heal relevant traumas in one or more brain awarenesses results in a blocked or unstable peak state.

In this textbook we generally refer to the additional brain structures by the areas of the body where their awareness is primarily focused. Since we discovered those structures experientially, in some cases we don’t yet know what the names of the relevant brain structures are, making our choice of colloquial labeling a necessity.



*Figure 3:1: Approximate locations of the triune brain awarenesses in the body – this can vary from person to person, and from day to day.*

The largest brain structure, and the latest in terms of evolutionary development, is the prefrontal cortex. I first became aware of this brain structure during Zen meditation when I perceived it as a sort of huge Buddhist statue floating over my head, hence my name for it, the ‘Buddha brain’ (This textbook uses ‘crown’ brain as an equivalent term, which has the advantage of identifying the brain’s physical area of attention.) Its awareness is usually found coupled with the mind brain, and so most people are not aware of its presence. Its primary purpose is spiritual connection and understanding, and its awareness is

centered at the top of or above the head. It plays a role in language development along with the mind brain. It is a ‘paired’ brain – it has a male and female side.

The front center of the forehead is the focus of yet another brain. Although we perhaps should have chosen to call it the ‘forehead’ brain, we decided to use the term found in several spiritual traditions – the ‘third eye’. As its name suggests, its function is perception. It is an unpaired brain, and as will be shown in the next section, it is considered male.

The entire spine is the focus of another brain – the spine brain. (It is equivalently called the ‘sperm tail’ brain.) Its center of attention is in the upper back and throat area. Its purpose involves the movement of energy through the body. It is unpaired, and is considered male.

The solar plexus brain, as its name indicates, experiences itself in the solar plexus. Its awareness is usually coupled to the body awareness to some degree, and so most people are unaware of it as a separate entity. Its primary purpose is survival through breathing and movement. In biological terms, it is part of the ‘old mammalian’ limbic cortex, likely the amygdala, which is involved with the recording of survival memories and is central to the experience of fear or anger. This brain is paired with both a male and female part.

The navel brain has its focus in the belly button area. (The navel brain is equivalently called the ‘placental’ brain.) Its awareness always contains this area of the body, but it can be centered somewhat above or below that point and cover the surface and space in front of the entire belly region. Its primary drive is to nurture and protect the body, and it is involved with the immune system, liver and blood. It is unpaired, and is considered female.

Another brain structure experiences itself centered in the perineum and reproductive areas. Its primary drive is to reproduce. We call this the ‘perineal brain’, or perineum for brevity. This brain is unpaired, and is considered female.

#### **Example:**

Some spiritual paths are aware of the triune brain structure. A good example is from the work of Gurdjieff, as described by Kathleen Speeth in her book *The Gurdjieff Work*. He actually uses the words ‘three-brained’ when describing humans, which is remarkable considering he lived long before the anatomical work of Papez and MacLean. He also recognized that there were actually seven brains, calling them the ‘centers’: sexual (perineum), instinctive (body), moving (solar plexus), emotional (heart), higher emotional (probably the spine), intellectual (mind), and ‘higher intellectual’ (probably the crown).

#### **Definition: The extended triune brain model**

The Papez-MacLean triune brain model defines three brain sections, the reptilian, mammalian, and primate brains. However, there are actually nine, independent, self-aware brain structures. We call this nine-part model the extended triune brain model.

We've chosen to label most of them by the location of their primary function in the body. Some are actually paired structures, with contributions from both egg and sperm. Others are singletons.

For most purposes, these additional structures can usually be treated as if they were just part of the three triune brains.

### *Therapeutic Uses of Brain Models*

Whether to use the triune brain model at all – and if so, whether to use the original three-brain model or the extended model – depends on the problem one is trying to solve and the technique one is using. For example, EMDR, TIR, EFT, breathwork and regression techniques generally use the simplest possible brain model by ignoring it completely. Other therapies may use one of the triune brains preferentially – for example, Gendlin's Focusing addresses the body brain. WHH also uses the body brain if a client gets stuck healing a trauma by adding a Focusing-like step. The three-part triune brain model is sometimes used with breathwork or regression techniques to speed up healing by having the client feel for resistance from the body, heart, or mind. The tradeoff here is added complexity.

Fortunately, most issues involving the psyche can be understood and resolved by treating the brain as if it had just a three-part structure. However, in some circumstances we need to address more of the separate brain awarenesses and their associated characteristics. For example, several of our peak state processes need to use the entire extended triune brain model with its nine brains, while others require the use of all fourteen parts of the brain.

It is standard practice in engineering to use the easiest, simplest model that gets the job done, and this principle also applies to the choice of brain models to use for healing sessions. If you need more precision, or need an aspect of the more detailed model, then you use it – but only then. Otherwise, you waste time and effort in irrelevant minutiae. Much of our therapists' training is in learning when they need to use the more accurate and detailed, yet more time-consuming version of the model. Generally, we start with the absolute minimum and add complexity as needed.

I've emphasized this principle here because new peak state therapy students often have difficulty in grasping and applying it. Fortunately, we don't have to be engineers or biologists to be familiar with this idea – deciding when to choose a more detailed version of a model is something we do every day. For example, when we give people directions, we usually start with the simplest model. "You can find a gas station downtown." However, if they're lost, we might have to give them detailed directions so they can get to their destination. "Turn right at Oak, then go two blocks." We're using the same 'map' in both cases. However, the amount of detail needed to help a particular person varies depending on the nature of their problem.

## The Link Between Organelles and the Triune Brains

Although extremely useful, the triune brain model as it has been described so far is inadequate for understanding how early developmental traumas block peak states. To understand how many of the processes for regaining peak states really work, one must see how the triune brain model, the developmental events model and cellular biology all tie together. The solution to understanding their connection lies in evolutionary biology.

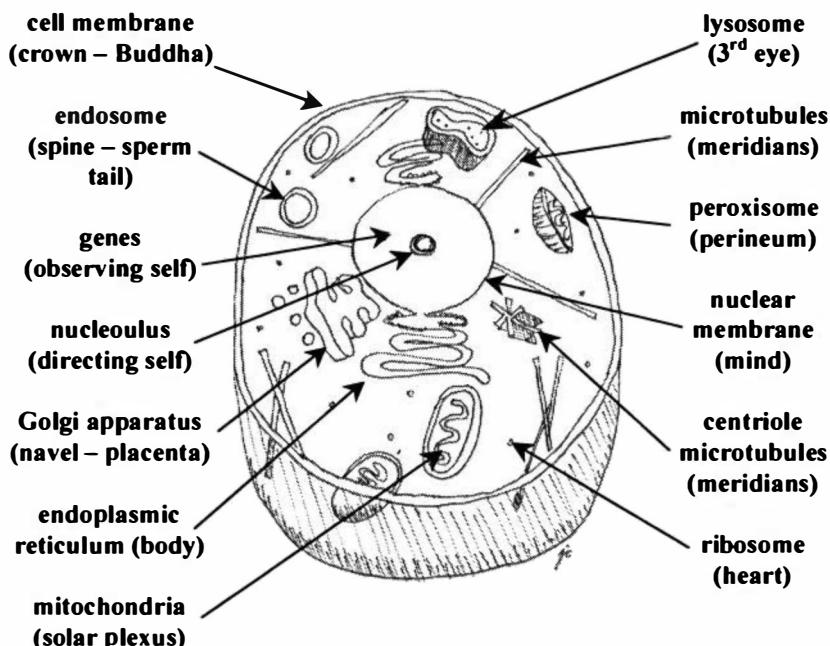
### *Organelles and Multi-Celled Brain Development*

From an evolutionary standpoint, the multi-celled organs (be they brain structures or other internal organs) in all creatures are an elaboration of the internal organelle structures found in our remote eukaryotic single-celled ancestors. When multicellular creatures first evolved, rather than developing something completely new, nature used the original organelles as a rough functional template and control center for the new multi-celled organs. Although multi-celled animals do not resemble each other visually, functionally they are remarkably similar. Using many cells, the new organs reproduced and enhanced the original intracellular functions.

This same evolutionary process is also recapitulated in human development. After conception, the zygote develops and becomes multi-celled. The organelles inside the single-celled zygote are prototypes for the complex multi-celled organs that develop in our bodies. What is critically important to realize is that the consciousness of the organelles did not end when the multi-celled body formed in gestation. Nor was there some magic moment when the subconscious brains became complex enough to suddenly become self-aware. The triune brains are not independently self-aware. Instead, *the self-awareness of the organelles was extended into the developing brain structures*. As the fetus forms and grows, organelle self-awareness continues seamlessly into the developing cellular structures such as in the brain or placenta. The triune brains are more like peripherals such as a keyboard or printer attached to one's computer – they enhance the functionality of the computer they're tied to. Similarly, the brain systems in the body extend the functionality of the intracellular organelles. The linkage is bidirectional, and so convincing to the organelle involved that it believes it is in the person's body, rather than in a cell. In fact, the cellular brain masses are still holographically linked to the organelle 'brains' in every cell. Thus, during human development, self-awareness of the organelle brains continues smoothly, without a break or shift, from the egg and sperm right into the adult's multicellular brain masses – and the organelle's awareness remains tied together with its multi-celled extension. (The story is a bit more complex than this; only organelles in one particular cell are important with respect to self-awareness. This is explained in the next chapter on the primary cell.)

The multi-celled brain structures form during gestation. However, even though one can watch them develop from scratch using regression, there isn't any visually obvious way to tell which brain structure is associated with any given cell organelle. Fortunately, Dr. Kashi Rai first came up with a simple way

to identify each organelle's corresponding triune brain. In an arbitrarily chosen heart cell, she merged her awareness into each organelle structure. This simultaneously gave her the sensation of being present in the part of her body where the corresponding triune brain awareness is. Using this technique, we found that the perineum is the peroxisome; the body brain corresponds to the rough endoplasmic reticulum (and probably the cytoplasm); the navel (placenta) brain is the golgi apparatus; the solar plexus brain is the mitochondria; the heart brain is the ribosomes (and RNA) and smooth endoplasmic reticulum; the spine (sperm tail) is the endosome; the third eye is the lysosome; the mind is the nuclear membrane; and the crown (Buddha) is the outer cell membrane. This last observation was quite a surprise to us, as we expected the cell membrane to be the navel/placenta. She also ran the same process on the sperm and egg just before conception. Their structure differed – ‘immature’ organelles were incorporated into a lattice or filament structure (cytoskeleton) that filled the cell.



*Figure 3.2: A cutaway schematic of the organelle structure of the human cell, with the corresponding triune brains identified.*

#### *The Precellular Organelles*

In 1981 the biologist Lynn Margulis first proposed the serial endosymbiosis theory (SET). She hypothesized that cells containing nuclei (eukaryotic cells) evolved from a colony of symbiotic (prokaryotic) microbes in the extremely remote past. Over a long period of time, these microbes lost their separate existence and evolved into the organelles inside a single cell that we know today.

The best-known examples of these are the mitochondria, chloroplasts, and structures that provide cell motion.

It is common knowledge that the fetus develops through stages that reproduce early evolutionary structures such as fins and tail. More surprisingly, we have found that human development also replays the earlier evolutionary steps that Dr. Margulis theorized. Biologically different, separate, free-floating organisms that we call ‘precellular organelles’ merge together in a process we call coalescence to form the various organelles inside the primordial germ cells (which eventually become either sperms or eggs, depending on the gender of the parent). This occurs while our parent is still a simple embryo, and starts just after implantation into the womb wall of the paternal or maternal grandmother. Thus, a person’s existence actually starts nine months before their parents were born.

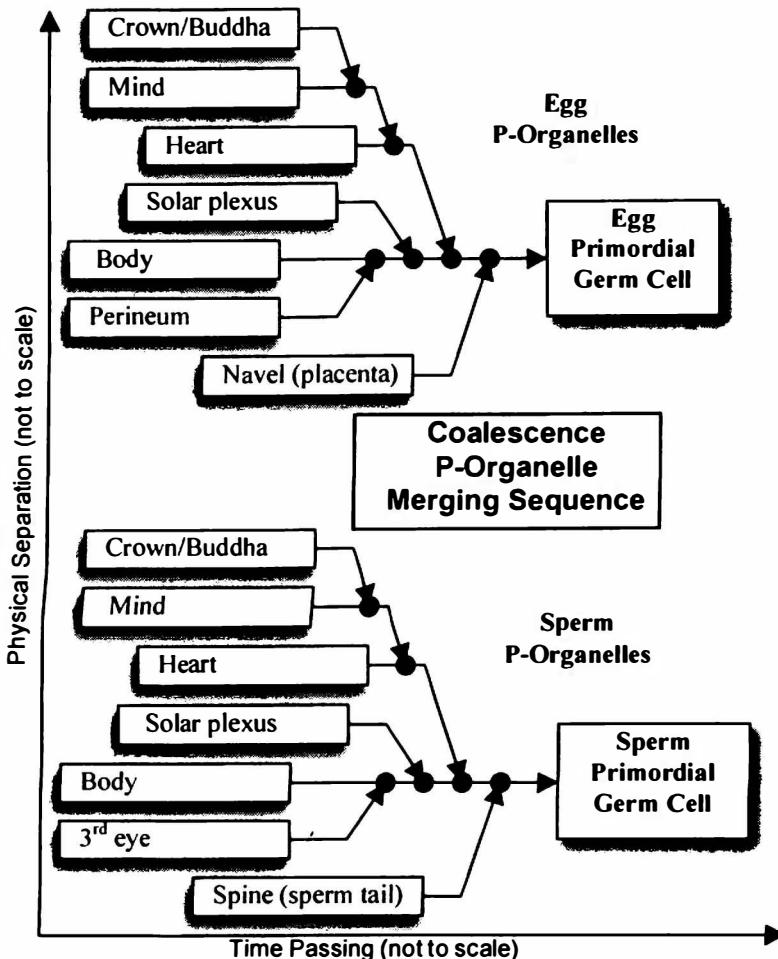
#### Example:

In his book on cellular biology published in 2001, Emeritus Professor of Biochemistry Franklin Harold summarizes the consensus of the scientific community: “Resistance to the endosymbiont hypothesis persisted for another decade [after Margulis’ publication] until ribosomal RNA sequencing sealed the matter. [...] Debate continues over how many independent episodes of symbiosis gave rise to today’s organelles. [...] Peroxisomes and hydrogenosomes are also thought to be derived from former endosymbionts, and some would assign such an origin to undulipodia and the cell nucleus. In a phrase coined by F. J. R. Taylor many years ago, the eukaryotic cell appears to be the product of serial endosymbiosis.” (Harold, pg. 177)

Thus, our work with very early regression likely shows exactly how the free-floating bacterial prokaryote predecessors to the organelles evolved and merged together in the remote past. The number of different kinds of precellular organelles that merge in coalescence, and the pattern that they combine into presumably replays the evolutionary sequence that occurred in the remote past.

There are seven very different kinds of precellular organelles (called ‘p-organelles’ for brevity). Each grows and develops in roughly the same sequence of steps, although there are some variations due to the structural and functional differences between them. The precellular organelles also act as self-aware transport containers for the different types of genes and for different physical structures that later become chakras. At the coalescence developmental stage, the different types of precellular organelles combine to form a primordial germ cell. The genes they carried come together into one package during coalescence (except for the genes from the mitochondrial organelle, which remain separated into discrete structures). By analogy, it is like having different assembly lines, each with its particular part (engine, transmission, suspension, etc.) converge to create a car. Interestingly, although most of the precellular organelles are similar in their male and female versions, some are not and have very different form and

function. One could say that the male assembly line puts out racing corvettes and the female assembly line makes family vans.



*Figure 3.3: The sequence that the p-organelles merge during coalescence, to form the primordial germ cell. The egg and sperm's p-organelles merge in the same sequence.*

During regressions, when encountering precellular organelle experiences, one finds that each of these different precellular organelles is self-aware, that they can be traumatized, and that their self-awareness starts from the first moment of their creation. Their awarenesses do radically change during the early part of precellular development, but for our purposes now we can ignore this and just focus on their continuity of awareness as they develop. Their initial creation

is described in detail in Chapter 8, and Chapter 11 explores the different kinds of consciousness they have.

### **Definition: Precellular organelles**

There are seven different types of living, free-floating self-aware prokaryote-type cells that combine to form the eukaryotic primordial germ cell. These prokaryotes become the different kinds of cell organelles, and so are called precellular organelles (p-organelles for short). In this text, we sometimes call them precellular brain organelles because their consciousness extends into the adult's multi-celled triune brains.

### *Organelle Consciousness at Coalescence and Conception*

The precellular organelles are single, discrete biological units. Experientially they're very much like little kids who float along, maturing as they pass through different areas. They move along with huge numbers of other precellular organelles that will eventually form the other primordial germ cells. By analogy, these kids are in a boarding school run by just one parent, with thousands of other kids (the precellular organelles that will form other primordial germ cells). The school is divided into different rooms for each grade (the developmental events areas). Further, the school building is divided into seven wings, each with a different ethnic group (the different organelle types). In a different country is another school run by the other parent – but only little boys are in the father's school, and only little girls are in the mother's school.

Eventually, seven of the precellular organelles, one from each type, join to form a single primordial germ cell in a developmental event called coalescence. The precellular body organelle acts as the container that all the others either enter or attach to. A radical change in organelle consciousness also occurs at this point: if all goes well, the seven separate awarenesses fuse together into a single awareness. Unfortunately, trauma during earlier key developmental stages or during coalescence itself blocks the perfect fusion of their awarenesses. Instead of becoming one, they continue to retain much of their separate identities within the cell. Continuing the school analogy, seven of the kids, one from each ethnic group, go to the coalescence graduation ceremony and leave the school together. The seven graduates then form a volleyball team, but they spend a lot of their time arguing with each other.

During coalescence, the precellular organelles change physically to adapt to their new symbiotic existence. Some of the organelles (such as the mitochondria) go even further: they split into many separate units inside the newly formed cell. However, these newly separated units still retain their original single unified awareness in what can be called a 'collective' or 'composite' consciousness (unless sections are traumatized away from the collective to form their own separated sub-awarenesses). Those organelles that split up can be thought of as a colony organism, like bees. However, they retain exactly the same kind of awareness that they used to have as a single unity – each organelle type still acts like a single, individual kid as they were before they split into many cloned

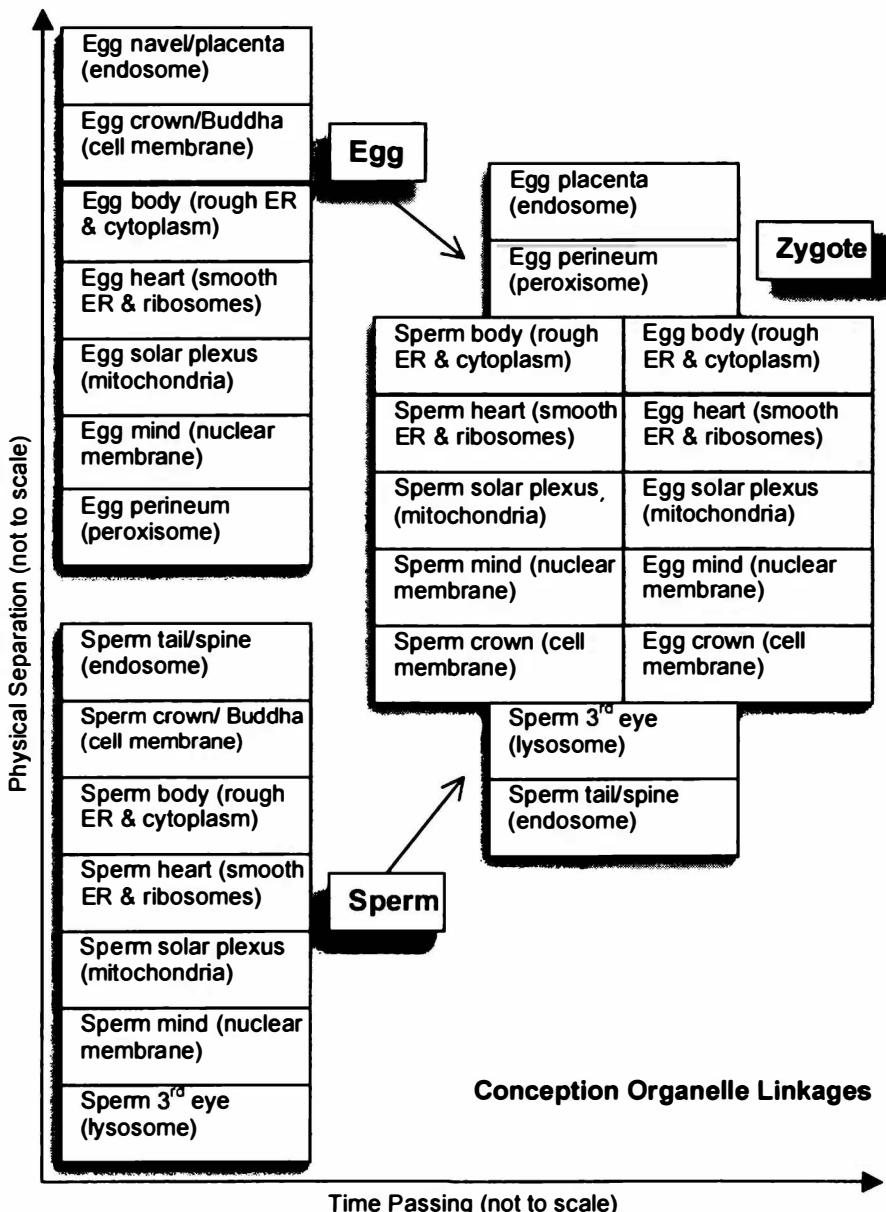
parts. Chapter 14 gives more examples of this ‘composite awareness’ or ‘collective consciousness’ phenomenon.

At conception yet another radical change in consciousness take place. First, inside the newly fertilized egg, the individual sperm and the egg organelle awarenesses separate from each other, creating 14 separated organelle awarenesses. Once separated, five of the sperm (male) and the five corresponding egg (female) organelle awarenesses then pair up to form five equivalent organelle structures but with a male and female side. Ideally, each of these paired awarenesses perfectly fuses its male and female sides together. The remaining organelles do not pair up; their functions are too dissimilar to allow joining with their egg or sperm counterparts. At this point, again ideally, the nine organelle awarenesses (five paired organelles and the four singleton organelles) merge consciousnesses to form a single awareness. (See Figure 3.4 for a diagram of these combinations.) Unfortunately, these steps rarely happen without problems. After conception, one is usually left with various degrees of splitting between the pairs, and between the overall nine organelles.

The outer layer of the egg is one of the organelles that does not pair up at conception. However, it doesn’t remain as the outer layer either – instead, in the multi-celled embryo it becomes the golgi apparatus inside the cells. After implantation, its function continues as the familiar placental structure on the womb wall. Like the sperm tail, after its function in the womb is over, the placenta experiences a ‘death’, but doesn’t literally die. (After all, the organelle whose consciousness is extended into the placenta remains untouched.) Instead, at birth many of the cells forming the placenta change and flow like a liquid (containing stem cells) into the baby to continue its biological function. The center of its awareness is usually in the navel area, but can cover the surface and space in front of the entire belly region.

#### Example:

A reader contacted me after Volume I was published. He had noted similarities between the triune brain system and the Nigerian Yoruba shamanic tradition he had been studying: “The Nigerian fetishist practice makes use of what is probably an awareness of the triune brains, without any knowledge of brain anatomy. They also identify classes of symptoms with particular brains. For example, the placenta/tail brains are considered to be female, containing the element of death (producing types of people they call Oshun and Nana). People who are dominated by this brain positively want a good time, focus on their body, have concerns for their looks, and decorate themselves. Dominance can also manifest negatively, with feelings of suicide and depression.” Assuming that this data is accurate, these characteristics make sense from our viewpoint: the placental and tail brains go through death shocks at conception and birth respectively, and these traumas are often at the origin of suicidal feelings.



*Figure 3.4:* At conception, the organelles from the sperm and egg combine – some pair, some don't. The brain awarenesses form concentric spheres: the outermost is at the top box, progressing to the innermost at the bottom. Some sperm and egg organelles change function at conception (for example, the sperm tail becomes the endosome, and later the spine in the fetus).

The counterpart of the egg's outer layer (placenta) organelle is the sperm tail organelle. It also does not pair with any other brain organelle. During conception (which often feels like death to the sperm) the tail detaches from the sperm as it enters the egg. The physical tail then moves to the outer layer of the egg (to its counterpart), but the core tail-brain organelle detaches and then retraces the path of the sperm head through the egg's cytoplasm, to where all of the brain organelles are pairing up. As you've read, in the multi-celled embryo's cells it becomes the endosome organelle. We have other, indirect evidence that this is correct – although why it would be involved with intracellular transportation is a very interesting question. This organelle's awareness is focused in the upper spine/throat area and secondarily down the spine.

One might suppose the sperm tail and placenta organelles would pair up at conception, since most of the other organelles do. However, this doesn't happen, probably because the placenta and tail organelles are so functionally different. Instead, they remain unpaired and separate, and develop into completely dissimilar structures in the body. The multi-celled version of the sperm tail remains separate and feels somewhat male, while the multi-celled version of the egg placenta remains separate and feels somewhat female. Thus, while the egg or sperm each has seven different organelles, the zygote has a total of nine distinct organelle structures – five pairs and four singletons.

Volume I goes into detail on the coalescence and conception events.

### *Practical Applications and Terminology*

How is this information on organelles and triune brains used in practice? It is extremely important in our work to understand this linkage, because it allows us to 'target' specific precellular organelles during regression. To do so, one moves one's attention into the area of the body where the brain that corresponds to the particular organelle has its focus. For example, to regress to the precellular 'body' organelle, one moves one's attention into the lower belly and starts the regression from there. If one wants to go specifically to the precellular sperm body organelle, one keeps one's attention on the right side of the lower belly – for the precellular egg body organelle, on the left. The same principle applies if one simply wants to regress to the egg or sperm – one keeps one's attention on the appropriate side of the whole body while regressing (see Table 3.1)

The terminology can be a bit confusing to people new to this work because there are multiple labels for the same organelle/organ self-awareness when seen in different settings or at different times. When we talk about the triune brains in the present, we generally use common names (e.g., the mind brain, the solar plexus brain, etc.). This gives immediate, visceral location information to laypeople and clients. If we need to identify which half of a paired brain it is, we generally say 'right', 'sperm', or 'male' for a sperm origin. We say 'left', 'egg', or 'female' for an egg origin. With clients, we specify the right or left side because these are the sides of the body that one puts one's attention into when regressing to the target event.

If we are working in the present inside the cells using the Primary Cell state, we generally refer to the organelle by its correct scientific name (mitochondria, nuclear membrane, etc.) as if we were biologists working with a microscope. Sometimes we need to identify the section of an organelle that came from either the sperm or the egg (for example, the nuclear membrane has two hemispheres, one from the egg and one from the sperm). Here we don't take any special care – we use the term sperm interchangeably with male, and egg with female.

If we regress to precellular, sperm or egg events, we generally start by having the client put his awareness into a triune brain area in his body in the present. Thus, it makes sense to the client to call an organelle by its related triune brain name, such as the ‘body’ precellular organelle, or ‘solar plexus’ precellular organelle. In the case of the spine and navel precellular brains, we often (and confusingly) call them the precellular ‘sperm tail’ brain and the precellular ‘placental’ brain. This was a legacy of the fact that in the early days we hadn't yet identified where these structures had their focus in the body, and because our students were generally already familiar with the placenta or tail by the time we took them to precellular events. Additionally, we also usually need to specify if the triune brains, the organelles and the precellular organelles came from the sperm or the egg. For example, we would use the phrase “the precellular egg body”, or the “precellular sperm heart”, etc.

Appendix B summarizes the characteristics of the various triune brains.

<u>Female (Egg)</u>	<u>Male (Sperm)</u>	<u>Organelle</u>
Crown (Buddha)	Crown (Buddha)	cell membrane
Mind	Mind	nuclear membrane
-	Third eye	lysosome
-	Spine	endosome (sperm tail)
Heart	Heart	ribosomes
Solar Plexus	Solar Plexus	mitochondria
Navel	-	Golgi apparatus (placenta)
Body	Body	endoplasmic reticulum/cytoplasm
Perineum	-	peroxisome

*Table 3.1: A checklist of the triune brains, starting at the top of the head.*

### Trauma Drives the Brains to Block Peak States

Unfortunately, for most people the pairing and fusion of the organelles at conception is traumatic. This causes the paired brain awarenesses to stay somewhat separate, creating ‘male’ and ‘female’ sides in the brain and body later in life. This is partially why most clients experience their right side as their male side (the left half of the brain) and their left side as their female side (the right half of the brain). The other reason is that trauma in the genes at conception

causes them to retain their sperm and egg self-identity in the right and left sides of the nucleolus (see Chapter 6).

The primary cause for the loss of most peak states is due to the traumas that the fourteen brain organelles have experienced during early development. This is because they are the living self-aware scaffold or ‘temples’ within which everything else is put or built. This is one of the most important concepts in this volume, because the converse is also true: *removing the brains’ trauma-created resistances to experiencing the sensations of targeted peak states will give those peak states.* This principle can be applied in at least two different ways – by finding the resistances to a state and using a healing therapy to eliminate them, à la family therapy; or by starting at the key developmental events and eliminating the resistances at their source. This second approach allows the recovery of peak states that the client can’t recall ever having felt, and is the method we use to find new states that we’ve never heard of before. Fortunately, most people don’t have to heal resistance in all 14 brains – typically, only a few resist any given state. Various methods that we’ve worked out to apply this concept are described in Chapter 16. Detailed procedures are found in the *Basic Peak States Therapist’s Manual*.

Why the triune brains are so important for recovering peak states can be understood by recalling that the brains correspond to and maintain a connection with organelle structures in each cell. Peak states reflect states of health – in intracellular terms, the different organelles are all working as a team, doing a particular biological process that on a macro-scale is experienced by the person as a peak state of consciousness. A triune brain’s trauma that blocks a peak state is reflected as dysfunction inside the cells. The corresponding organelle doesn’t work correctly with the rest of the organelles to produce whatever end product is required, or direct activities properly. As in a factory, all the assembly equipment along the conveyor belt has to be working properly for the finished product to come out right.

### Triune Brain Fusion States

In most people, the brains’ self-awarenesses are to some degree separate from each other. The triune brain awarenesses act and feel very much like children. Unfortunately, traumas and conflicts between the brains’ core purposes cause them to compete with and try to dominate each other. Personality types (physical, emotional, or mental) and learning styles (kinesthetic, visual or auditory) reflect the functions of the dominant brain(s). Dysfunctional family dynamics mimic the internal interactions between the brain awarenesses, with arguments, hurt feelings, manipulation, fighting, and rejection. In fact, most of the experiences we have with other people and the outside world have their basis in projection of the brain identities and attitudes onto the people around us. Most people aren’t familiar enough with their internal awarenesses to realize this. However, therapists can still directly address and heal problems the brains have by simply having the clients look at their outer-world issues.

It is possible for the brain awarenesses to merge with each other in various combinations and degrees. This results in different peak states with distinctly different experiential characteristics, called as a group ‘triune brain fusion states’. The Happiness, Inner Peace, Hollow, and Wholeness states are examples of different brain awareness combinations. Fusing the brain awarenesses eliminates the dysfunctional projections and a host of other problems, makes us feel wonderful and drastically improves quality of life. For these reasons triune brain fusion should be accomplished as soon as possible. This is an especially important step when working with therapist students, because it can drastically speed up their healing.

During brain fusion, the locations of the brain awarenesses shift, until during complete fusion they all come together in the upper belly. It is possible to actually ‘see’ where the brain awarenesses are by using the Seeing Brain Awarenesses peak ability. Perry diagrams, as described in Volume I, are then used to record exactly how much the awarenesses have merged. These diagrams allow clinicians to identify the types and degrees of the triune brain states a client has. This also allows them to keep track of progress in fully acquiring the endpoint state, Hollow with Wholeness, where all of the brains are perfectly fused together.

**Example:**

Angela Blaen’s Assemblage Point Center in England works with a specific peak state. They report that an area in the upper chest (the ‘assemblage point’) is supposed to move towards the heart and merge with it when enough spiritual growth work is done.

It is possible that they are replaying the experience of the journey of the sperm’s tail into the egg at conception. Normally the tail awareness is in the throat and spine area. If trauma around this journey is being healed, we would expect that awareness to move more into the chest area as it replays the fusion event – a fusion that would have significant impact on consciousness for most people. However, this scenario is hypothetical, and investigative work still needs to be done.

As I wrote in the last section, peak states can be recovered by removing the trauma-based resistance that the brains have toward the state’s characteristic sensations, and triune brain fusion states are no exception. This can be done in different ways, producing either a temporary or a permanent state.

**Example:**

When looking back over their lives, many people come to realize that in spite of appearances, all of the different activities that they did over their lives were intended to solve a particular problem – usually, how to recover one or more peak states.

I used this understanding with one of my students. She wanted to become a healer and felt dissatisfied with her current work. With patient

questioning, she realized that she was attracted to healing work because she'd get momentary experiences of love, delight, fulfillment, oneness, and connection. Like most people, she had confused the activity with the momentary peak experience. (This is known as operant conditioning, demonstrated in psychology experiments with a rat that pulls a lever to get occasional pleasure-center stimulation. If we could ask the rat, it would probably say that it wants a career pulling levers.) Working with the triune brains, she found that each of the brains had a ‘stuck’ position around this job issue. For example, her placenta wanted the feeling of connection and wanted to help. As each brain let go they merged into each other and she felt the same feeling she'd gotten with clients, but now much stronger, along with a feeling of lightness, happiness, completeness, wholeness, positive feelings about herself, and detachment. She was quite surprised that from this place, what job she had didn't matter – her previously unsatisfying old job felt just the same as the healing work.

Another way to regain triune brain fusion states is to specifically heal the developmental events that block fusion. The traumas that directly block brain fusion states all involve key pre- and perinatal developmental events. The primary ones are: the Genesis cell; egg and sperm coalescence, when the primordial germ cells are first constructed; conception; implantation; and birth. Volume I covers this material in great detail. However, all brains are not created equal; the precellular body brains are primary and form the structure in which all other brains exist. Thus, early trauma to the precellular body brains sets up the trauma patterns that block fusion during later developmental events. Healing these traumas causes the later events to stop being traumatic, and is a simpler and faster way to get fusion states for some people. Specific processes are found in the *Basic Peak States Therapist's Manual*.

There are some issues around fusion states that are of specific interest for therapists. We've found that these peak states make it much easier to heal trauma. Since the fetus *has* most of its states, one would naturally assume that healing prenatal trauma would be easy. Not so. For most clients, triune brain fusion states (and other states as well) are temporarily lost during the moments that a pre-birth injury is actually occurring. The phrase, “Every man for himself!” captures the relationship between the triune brains at those moments quite well. After the prenatal trauma ends they (usually) fuse back together again. Unfortunately, this means that when the typical client regresses to any trauma, be it pre- or post-natal, his triune brains are separated. For clients who are having great difficulty in healing a trauma, having them become aware of why their brain awarenesses are staying rigidly apart is an efficient way to release the trauma, and often works when nothing else will.

A commonly misunderstood concept has to do with ‘cellular consciousness’. Many regression therapists believe that there is just one (cellular) awareness in the egg, sperm, or zygote. This perception arises because normally the pre-birth triune brains are fused together into a single awareness. The multi-brain nature

of consciousness can be completely missed. This misconception is a problem, because ignoring one or more of the brains can cause the trauma to take longer than necessary to heal, and in some cases can completely stall the healing. A triune brain may be deliberately resisting – or the client has ignored damage to one or more of them (for example, the placenta is frequently missed).

### Influences on the Subconscious

The triune brains are the origin of the Western concept of the subconscious, and are primary sources of dysfunctional ‘unconscious’ motivations and actions. They behave in the ways that they do because, for the most part, ordinary or generational traumas tell them (and the conscious self) what to believe – traumas can be thought of as ‘frozen beliefs’. Most people don’t realize that much of their moment-to-moment sensations, emotions and experiences are due to past traumas distorting their perception of the present. The brains also try to avoid situations that might activate painful traumas, putting potentially severe limitations on how one lives out one’s life.

There are many other factors influencing our triune brains that then affect our behavior, motivations, perceptions, and emotions. One of the most serious is due to the tribal block phenomenon (Chapter 18). ‘Copies’, ‘holes’ and ‘soul loss’ are also very problematic. Copies are feelings and sensations copied from another person (hence the name). A copy affects us like a trauma but can’t be healed in the same way. Copies can block healing and occasionally block the recovery of peak states. Holes are regions in the body that ‘look’ black and radiate a feeling of deficient emptiness. Much of people’s behavior is designed to try and generate a sensation in the region of emptiness. Soul loss gives us the sensation of loss or of something missing, which causes us to try and use others to keep the sensation from coming to awareness. These and other problems are discussed in detail in Volume 3, and methods to heal them are covered in *The Basic Whole-Hearted Healing™ Manual*.

### The Triune Brains as Gigantic Sacred Beings

In this chapter, I have assumed the person was not in the very rare Sacred Beings state. In the state, the triune brain does not act or feel like an invisible child. Instead, it is experienced inside one’s body as a huge sacred being that resembles a totem pole figure from the Northwest Native American tradition. When a person has this state fully, most of the problems discussed in this chapter either don’t arise or are minimized, and triune brain fusion states automatically ensue. Chapter 11 discusses this state in detail.

## Key Points

- The brain is composed of very biologically different, self-aware subsystems. This is called the Papez-MacLean triune brain structure. The most obvious triune brains are colloquially called the body, heart,

and mind. They form the physical basis of the Western concept of the ‘subconscious’.

- In average consciousness, the triune brain awarenesses each experience themselves in a particular location in a person’s body (the body brain in the lower belly, etc.).
- The brains each have a biologically-dictated core purpose. Since these purposes cannot be fully met, each brain experiences a ‘core dilemma’.
- The triune brains are primary; all other consciousnesses and states are built into their physical framework.
- Removing the brains’ trauma-created resistances to experiencing the sensations of targeted peak states will restore those peak states.
- When key fundamental traumas in a triune brain are healed, the triune brain stops feeling like a child and becomes totally different, like a gigantic sacred totem pole figure inside one’s body.
- The triune brains are multi-celled elaborations of various organelles in our individual cells. They perform similar functions.
- The organelle ‘brains’ in the primary cell are the source of the consciousness for their corresponding multi-celled triune brains.
- Seven different types of free-floating, separate organisms (called precellular organelles) form while a person’s parent is still a blastocyst. They unite during coalescence to form a primordial germ cell, and keep their self-awareness.
- The precellular organelles, then intracellular organelles, and then multi-cellular ‘brains’ are all self-aware and retain a continuity of consciousness during development.
- Seven organelles in the sperm and seven in the egg unite to form five paired and four singleton organelles, for a total of nine distinct adult brain structures. This pairing at conception causes a male and female side to the brain.
- Peak states correspond to proper functioning of intracellular processes among the organelles inside a person’s cells.

## Suggested Reading and Websites

### Triune brain biology and applications

- Elaine De Beauport, *The Three Faces of Mind: Developing your Mental, Emotional, and Behavioral Intelligence*, Quest Books, 1996.
- Tom Brown, Jr., *The Vision*, Berkley, 1988.
- Tom Brown, Jr., *Grandfather*, Berkley, 1993.
- Dr. Michael Gershon, *The Second Brain: The Scientific Basis of Gut Instinct and a Groundbreaking New Understanding of Nervous Disorders of the Somach and Intestine*, HarperCollins 1998.
- Dr. Daniel Goleman, *Emotional Intelligence: Why It Can Matter More than IQ (10<sup>th</sup> Anniversary Edition)*, Bantam, 2006.

- Ronald Gross, *Peak Learning: A Master Course in Learning How to Learn*, Tarcher, 1991.
- Dr. Arthur Janov, *The Anatomy of Mental Illness: The Scientific Basis of Primal Therapy*, Berkley, 1977.
- Dr. Arthur Janov, *The New Primal Scream: Primal Therapy 20 Years On*, Trafalgar Square, 2000.
- Dr. Thomas Lewis, Dr. Fari Amini, and Dr. Richard Lannon, *A General Theory of Love*, Random House, 2000.
- Dr. Paul MacLean, *The Triune Brain in Evolution: Role in Paleocerebral Functions*, Plenum Press, 1990.
- Lynn Margulis, *Symbiosis in Cell Evolution*, 2nd Edition. Freeman, New York, 1993.
- Joseph Chilton Pierce, *Evolution's End: Claiming the Potential of Our Intelligence*, HarperCollins, 1992.
- Joseph Chilton Pierce, *The Biology of Transcendence: A Blueprint of the Human Spirit*, Inner Traditions, 2002.
- Kathleen Speeth, *The Gurdjieff Work*, Jeremy P. Tarcher, 1989.

#### Peak states processes involving the chest area

- Angela Blaen, "Proving the Existence of the Assemblage Point", on the internet at [www.assemblagepointcentre.com](http://www.assemblagepointcentre.com).

#### Cellular biology

- Franklin Harold, *The Way of the Cell: Molecules, Organisms and the Order of Life*, Oxford University Press, 2001. An excellent summary of the state of the art in biology, with emphasis on the two different kinds of inherited characteristics – genetic and structural.
- Bruce Lipton, *The Biology of Belief: Unleashing the Power of Consciousness, Matter and Miracles*, Mountain of Love, 2005.
- Nick Lane, *Power, Sex, Suicide: Mitochondria and the Meaning of Life*. Oxford University Press, 2005.

#### Neurology and studies of consciousness

- Adam Zeman, *Consciousness: A User's Guide*, Yale University Press. 2002. Good overview of conventional neurological and psychological studies on the brain, but omits any triune brain material.
- Antonio Damasio, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, Harcourt Brace and Company, 1999. He omits the triune brain model, but otherwise provides an excellent analysis of consciousness and neurological pathology.

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### The Primary Cell: Metabolic Pathways and Peak States, Experiences and Abilities

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After many years of using WHH and other power therapies, I would occasionally encounter a client who had a problem that would not respond to treatment, even though the same client could heal other problems successfully. The unhealed problem often involved pain or chronic illnesses that didn't have any clear biological cause. I also had a problem like this, a rather severe, nonstop headache that I'd suddenly acquired in my late thirties. It would not respond to any process I knew of, nor to treatment by any other healer, and was not a relived pain from some traumatic moment. The existence of this type of problem in my clients and myself strongly implied to me that there was either a weakness with my trauma model, or that there must be some other cause not directly related to trauma.

A number of years passed. One day, during a workshop I was teaching with Dr. Green and Dr. Perry, a participant who knew nothing about my constant headache told me that she saw what 'looked' like several obsidian shards imbedded in my skull in the location of the pain. She explained that she had been studying Peruvian shamanism, and said that her ability to see them was a result of that work, although she didn't know what to do about what she was seeing. As you might imagine this caught my attention! Dr. Green, Dr. Perry and I later experimented with whatever it was, and quickly found out that blind experimentation was extremely dangerous. I called a halt to any further testing and started to look for the state that my student must be using to 'see' this phenomenon. There was a silver lining to my headache – I had an available test subject always on tap!

Several more years went by. I healed more developmental events and acquired many new peak states. Eventually, during a sweat lodge ceremony conducted by the Native elders Victor and Joyce Underwood, I found and healed the right developmental events, and gained a state that allowed me to see what had been causing my headache (and two years later, a way to eliminate the

problem). With this state, I could also see a whole host of other strange phenomena, and I assumed I must be seeing into some kind of spiritual realm. Without any theoretical understanding, I experimented and came up with a technique to heal trauma – after myself, Wes Gietz was my first experimental subject. Over time, I taught a number of people how to see and work with this state, and through just trial and error slowly refined my techniques.

As I gained more data from a number of volunteers, I was becoming more confused, not less. This ‘spiritual’ place had too much drastically different kinds of ‘stuff’. I began to suspect that we might actually be seeing something that was biological in nature, and in early 2005 I asked Dr. Waisel and his colleague Tal Laks to start exploring this idea. At the same time, I was continuing to teach new students in the technique, and finally in the spring of 2005 serendipity struck – my new students were making clear enough observations in the right places that it suddenly became clear to me that we were looking at objects *inside* a cell. Readers may wonder why this was so difficult to discover, but the problem was that we were observing these very strange objects as if we were actually there, floating in a gigantic space filled with grey mist – at a scale only an electron microscope could hope to resolve, and poorly at that. For example, the nuclear membrane looks like the ocean floor at this scale, and only in hindsight was it clear what we’d been seeing. The realization that we were in a cell in turn quickly led me to the next major conceptual breakthrough – the recognition of the existence of the primary cell. This was key to understanding how most spiritual and shamanic experiences are actually perceptions of the interior, activities and surrounding environment of the primary cell. This also led to the discovery of the causes of entire classes of previously mysterious diseases, and radical new techniques for healing and peak states.

At first, my new techniques seemed safe. It wasn’t until January of 2006, while working with a student in Australia, that I encountered new phenomena that again showed us just how deadly these techniques could be. I stopped everything I was doing, and took the entire following year to design new safety and certification procedures so as to attempt to safeguard both my students and their clients. In fact, this book was delayed for years while my colleagues and I debated the ethics of introducing this potentially dangerous material to the public. In the end, I decided that the benefits outweighed the negative consequences, but it was a very close call.

### Chapter Overview

One of the more surprising results of our peak states work was in finding a connection between peak states of consciousness, developmental events, and the biological structures and processes *inside* cells. Like two sides of a coin, there are two equally valid, complementary models that explain peak states, experiences and abilities: one based on developmental biology which we call the ‘developmental events model’; and one based on cell biology which we call the ‘primary cell model’. The necessary background material for the primary cell model was covered in previous chapters – Chapter 3 introduced the relationship

between cell organelles and the triune brains, and this chapter explains how optimal intracellular metabolism involving the nuclear genes and organelles corresponds to peak states.

However, the implication that all the cells in the body act equivalently in determining peak states turns out to be misleading. Using regression, we find that our own personal consciousnesses arise from the fusion of sperm and egg during the creation of the original stem cell, the fertilized ovum (zygote). Yet, experientially this ‘primary’ cell continues its singular awareness into the present, with all other cells acting only as a expression of it, as if it were a person wearing a coat. From this perspective, there is only *one* cell in our bodies from which consciousness radiates, and whose internal metabolic processes determine our peak states and abilities.

Inhibited gene expression due to damaged protein coatings on genes is the origin of the formation of traumas. A typical person has thousands of trauma ‘strings’ (traumas that are related by a common sensation), and this fact illustrates that inhibited gene expression is extremely common. Many peak states are blocked because the biological products that the inhibited genes are supposed to make are unavailable; hence the triune brain organelles cannot process optimally. Inhibited genes contribute to a person’s characteristic, lifelong, dysfunctional core personality, which remains largely intact even when peak states are acquired, because of the sheer magnitude of the number of inhibited genes.

This connection between genes, traumas, organelles, and peak states partially explains the basis for the developmental events model. At key developmental events, unused genes are supposed to turn on for the first time and contribute. Unfortunately, when the genes are defective we see traumas arise at these key events. Healing these events not only heals the traumas but also heals the genes themselves. Incomplete healing or the failure to heal the key event traumas does not repair the associated gene, leaving a partial or inhibited peak state. Functional genes are one of the reasons that peak states are often passed down in families.

This chapter briefly describes the states necessary to observe and modify intracellular processes in the primary cell, without using regression. Experiences in the key Primary Cell state lead to a number of totally unexpected observations. Certainly the most important of these is the biological, intracellular basis for trauma. Almost as important are the biological, intracellular origins for a number of other phenomena. However, this chapter covers only the primary cell material that is relevant to peak states. In-depth explanations of the various phenomena encountered in the primary cell, and detailed processes to heal them, are covered in Volume 3.

Experientially, from the primary cell state, a person can put his attention into his own primary cell, or *into another person’s*. Primary cells also interconnect in two other ways – via a composite Gaia consciousness composed of primary cells (Chapter 9), and in an area in the oversoul awareness (Chapter 15).

*States, abilities and experiences in this chapter*

- Spaciousness state
- Primary Cell state
- Minimal Sleep state

*Relevant processes*

- Primary Cell Technique™ (PCT)

### **Confusion Between Trauma Images and Primary Cell Images**

Therapists using powerful healing techniques such as breathwork and regression occasionally have clients who encounter experiences that don't make sense from current models of consciousness. The typical reaction is to ignore these experiences or try and fit them into current models. Unfortunately, this usually does not help the clients, nor does it help advance understanding of the phenomena.

In a typical regression or breathwork session, what usually arises into the consciousness of the client is past trauma. Experiences involving biographical trauma (i.e., after birth) are easily recognized, and therapists with some training in prenatal trauma can usually identify birth or womb events. However, events that occur before implantation get much harder for most therapists to recognize, and events that involve sperm, egg, or precellular organelle experiences are often misidentified because they involve settings that often do not look familiar or even biological. This problem is compounded clients who either overlay metaphorical images on their real experiences, or who try to explain what is occurring by using familiar, everyday referents that can mislead even a well-trained therapist. Very few people have sufficient training to recognize these extremely early events. Thus, many therapists discount their client's reports and so problems from these early traumas are not addressed and healed.

Memories of trauma, be they biographical, prenatal, cellular or precellular, all share a common characteristic. A client who has a 'visual' awareness will see these traumas from either an out-of-body viewpoint – he watches what happens – or from inside the organism, as if he were actually there physically, looking outwardly into the environment. It takes deliberate, conscious effort for the regressing client to move and shrink his viewpoint to view the tiny contents inside his cell self. By analogy, it is like deciding to have a look at a liver cell while having a fight with your spouse.

However, occasionally a therapy client will encounter strange imagery that isn't from a developmental trauma memory. These images are baffling to therapists and clients, and so they tend to chalk them up as mysterious perceptions that do not have a biological origin. Other therapists with greater training sometimes assume they must be early precellular organelle or primordial germ cell experiences, which often look non-biological. However, many of these clients' experiences are *not* regression images. In this chapter, we cover the most common group of unusual images and their cause (subsequent chapters will explain others). Instead of regressing, the client has unknowingly moved his

CoA and his ‘visual’ perception into the interior of what we call the ‘primary’ cell, using the Primary Cell state of consciousness, *in the present moment*. In my experience, it is quite unusual for a person who is using a regression or other power therapy to find himself in the primary cell – usually some other psychological or spiritual practice has been used.

There are good reasons why therapists and clients don’t realize that they have moved their CoA into the interior of a cell. For some, it is only a kinesthetic experience, making it harder to identify, but for others it is both kinesthetic and visual. Given that the client can describe images, the main reason for confusion is one of scale. When working with trauma, a client who enters into the primary cell usually finds his awareness reduced to about  $0.1\mu\text{m}$ . The primary cell is about the same size as an average cell in the human body (around  $10\mu\text{m}$ ), the nucleus is around  $1.7\mu\text{m}$ , and a nuclear pore is around  $0.05\mu\text{m}$ . To put this in perspective, if a nuclear pore in the membrane that surrounds the nucleus was about the size of a manhole cover, then the average cell would stretch roughly a quarter mile or about four football fields in length. Intracellular structures at this level are so widely separated and large that it took us nearly two years to realize that we were even seeing the interior of a cell. Even more limiting, the client usually finds himself floating in the cytoplasm, which feels like it has the density of air and looks like a gray, particulate mist that restricts visibility as if in a fog. More rarely, a client may find himself inside the nucleus, whose environment looks and feels like blue water. Ending up inside some intracellular organelle like a mitochondrion makes the identification problem even worse.

How would someone reading this book learn to identify primary cell images in clients? To familiarize our students with these images, we currently use sketches and electron microscope photos of intracellular structures and bring people into the correct state so they can observe for themselves. The cytoplasm experience of the gray mist is what we normally encounter first in our training process. Needless to say, it has been quite a surprise to have to study cell biology at this point in our careers!

## The Primary Cell

In the previous section, I described how clients using powerful experiential therapies sometimes encounter images from the interior of a cell, rather than images of past traumas. Although it is possible for people to deliberately see into one of their own cells using the out-of-body experience (OBE) ability, the images accidentally encountered during therapy are not from just any one of the trillions of cells in the body. Instead, they’re almost always from the interior of *one unique cell* that is fundamentally different from the rest. This cell contains the organelles that hold the central or primary awarenesses that extends into all other cells, hence its name, the ‘primary cell’. Again, this type of intracellular perception is normally done from the viewpoint of the interior of *only one special cell*.

The primary cell is critically important for our work with healing and peak states. Damage inside the primary cell creates many and probably most of the problems that people suffer from in their adult, multi-celled bodies, including loss of peak states. However, even if a person isn't consciously aware of the primary cell, *sensations from problems in the primary cell are still superimposed unknowingly into everyone's experience of daily life.* The primary cell perceptions occur simultaneously with our everyday, normal perceptions of the outer world.

Several unusual aspects of our primary cell perceptions help keep them unrecognized by most people. First, most people feel only *sensations* from the interior environment in the primary cell. Even when these sensations are overwhelming, we assume that they're coming from some problem in our bodies, never imagining that they're actually due to intracellular events. Very few people actually 'see' the interior of the cell as adults, although roughly 20% to 30% of the people I've taught can see inside the primary cell once they're shown how. Even when people see inside the primary cell, their visual perceptions of the outer world tend to dominate their awareness. Doubtlessly our childhood experiences teach us to treat any images from inside the primary cell as imaginary and so to ignore them. Secondly, primary cell awareness is focused on the *inside* of the cell. This fact is counterintuitive – we might have expected to see images from the environment outside the primary cell, as if looking out of our eyes from our body. Thus, even when we have visuals from the interior of the primary cell, we're looking at objects and activities that have absolutely no everyday counterpart in the outer world.

The primary cell is not only intrinsic but is actually primary to our awareness. To understand this requires us to step back a moment and look at a pervasive distortion in our assumptions. Normally, we think of ourselves as a person with a body, a 'body-centric' viewpoint if you will. Thus, we naturally assume that the brain is primary, and cells must not be very important. After all, there are so many of them! However, the truth is just the opposite – the cellular level is primary, and our everyday awareness is secondary (or at best commensurate). To put it bluntly, we actually live in a 'cell-centric' world without even realizing it.

Like so many things in peak states work, the existence of the primary cell is a result of evolutionary biology. Single-celled organisms evolved into multi-celled systems, allowing them to extend themselves into new environments. Our normal perceptions conceal the fact that every organism we see is actually at its core a single cell that has managed to find a way to expand its function into a much larger scale. Humanity is not separate from this ancient evolutionary breakthrough – our own first cell divisions and blastocyst stages of development recapitulate this early shift into multicellular existence. The huge mass of cells that each of us are made up of is simply an extension and elaboration of this single ancestral cell, the zygote. Judging from our work with human primary cells and regression, it is unlikely that those ancient primitively self-aware single cells developed a multi-celled body that caused them to lose themselves into

some sort of Frankensteinian self-creation. Instead, their awareness must have continued into the new structure as an *extension* of themselves. Symmetrically, *experiences in our everyday world also extend back into the single primary cell.*

The primary cell in adults is actually formed at the fourth cell division after conception, and looks like a generalized zygote cell rather than a specialized body cell. As far as we can tell at this time, the primary cell is located in the upper front of the head, roughly centered on a line between the temples.

As an aside, for many years the biologist Bruce Lipton has challenged conventional biology by saying that cells in the body get their directions from stimuli coming from outside the cell. We agree in general. However, what he didn't realize was that there was an exception to this rule – there *was* a cell that was 'giving the orders', as it were.

### **The Spaciousness State and Primary Cell State**

In this section, we're going to look more closely at the peak states that give one the ability to see, move around in, and interact with the primary cell. It turns out that there are two key states. The main, overall state that allows us to see into the primary cell we call simply the Primary Cell state. This state is built up from another profound and very important state we call the Spaciousness state.

The Spaciousness state simply feels wonderful. It gives the sensation that one has a lot of physical and emotional room regardless of what is happening around oneself, hence the name Spaciousness. People with this state find that they seldom become triggered by others, and so tend to interact in very peaceful ways. I know of one spiritual teacher who emphasizes this state as one of the most important on a spiritual path.

However, people who abruptly acquire this state can temporarily encounter a problem in their personal lives – the client's romantic partner may become upset and complain that the client no longer loves them, feels distant, and now makes them feel emotionally deserted. This occurs because the client suddenly stopped interacting in his usual dysfunctional ways. Many people equate emotional drama as an indication of love due to their dysfunctional family background. Thus, having this pattern suddenly cease can be very upsetting to the client's partner. However, this problem usually fades as the partner becomes used to the client's new state.

The Primary Cell state feels identical to the Spaciousness state. However, the Primary Cell state is a more complete state that builds on the Spaciousness state. The Primary Cell state adds the ability to see, move around, and interact with the interior of the primary cell. When the state is stable and complete, one has a visual awareness of the interior of the primary cell superimposed onto one's perceptions of the present. The ability to see and move inside the primary cell stems from the use of the 'third eye' triune brain.

Currently, our students commonly start off with a partial, unstable Primary Cell state. They can only move their CoA into the cell temporarily, or unreliable, or cannot see clearly in it once they're there. In fact, some students initially lack the ability to 'see' inside the cell at all, although they still have the ability to feel

sensations and move around in it. Remedial trauma work is necessary to stabilize the state and give these people the ability to see clearly inside the primary cell.

### **Primary Cell Gateway Structures and Trauma**

Up to this point, the ability to access the primary cell might be viewed as just a pleasant state, or an interesting facet of our existence. However, a deeper understanding of the primary cell is one of the most important parts of this volume, because of its major impact on our health and well-being. This occurs because the primary cell has another, fundamental aspect to it that we never anticipated. Based on our Western schooling, we assumed that intracellular structures in the primary cell were simply biological. However, the truth is more complex – *biological parts of the primary cell are also the physical housings (substrates) of more fundamental phenomena of consciousness*.

One of the best examples of this principle is in the phenomenon of trauma. Trauma has its origin in dysfunctional biological structures in the primary cell. To explain this requires some background. Normally, when a particular protein is required in the cell, a protective protein coating (“histone”) is temporarily removed from the associated gene and a messenger RNA (mRNA) copy is made. The mRNA string leaves the nucleus through a nuclear pore and goes into the cytoplasm, where a ribosome ‘reads’ the code on the mRNA and creates the required protein. (For more detail, we refer you to any recent cellular biology text, such as Alberts’ *Molecular Biology of the Cell*.) However, from observation we’ve discovered that traumas cause this sequence of events to be derailed. During the initial trauma, the protein coating around the gene becomes damaged via a mechanism biologists call epigenetic control (where internal and external cellular processes affect genes and their activations). This gene stays stuck in place next to a nuclear pore. The nuclear pore’s membrane becomes inflamed, and the nuclear pore locks closed around the mRNA string that was supposed to be released. Visually, the pore is sealed by what looks like a block of cement with a string rising out of it. The string extends into the cytoplasm with what looks like a series of crumpled bags (ribosomes) attached at various distances along the string. Once this happens, the gene remains stuck next to the nuclear membrane, the mRNA string structure remains anchored in place, and that particular protein can no longer be made in the cell.

A person in the primary cell state can take his CoA and move it into one of these stuck ribosomes. When this happens, a very strange experience occurs – the person sees an image and enters into a frozen moment of trauma in his past! This ribosome acts as a container for a gateway to a nonphysical experience – a particular traumatic moment. This occurs because it contains a piece of the ‘observing self’ (see Chapter 5), split off from earlier pieces in the particular string of ribosomes/traumas – pieces that are isolated from the overall, conscious observing self.

**Definition: Gateway structures for nonphysical experiences**

There are physical, biological structures in the primary cell that also act to carry consciousness, or can be used as gateways into other experiences. For example, some ribosomes act as a physical container for traumas.

This correspondence between traumas and physical ribosomes along a string of mRNA in the primary cell explains several puzzling aspects about trauma discovered empirically by researchers and technique developers working with post-traumatic stress disorder (PTSD). First, they had all observed that a trauma ‘freezes’ in only a single instant of time, instead of from experiences that last over an interval of time as many laypeople assume. At the intracellular level, this is because a single stuck ribosome acts as a gateway structure into just a *single* moment of the past.

Secondly, traumas correspond to (or create) frozen beliefs. This can be understood by realizing that our everyday experiences are mapped into corresponding biological activities inside the primary cell. Indeed, how we perceive, act, and feel in everyday life corresponds one-to-one with biochemical processes inside the primary cell. For example, if what we sense in the everyday world can’t be translated into biochemical information inside the primary cell, then we can’t perceive it – the primary cell is where we really live. In particular, the primary cell cannot change its biochemical actions when a gene expression is stuck – it has a fixed, dysfunctional response to that particular stimulus, which corresponds in the same way to beliefs and actions in the outer world. Usually, the cell can compensate to some extent with other biological pathways, so the belief isn’t completely fixed. This interplay between our everyday experiences and our primary cell biology is a key (yet very foreign) concept because it is the basis for much of our healing and peak states work.

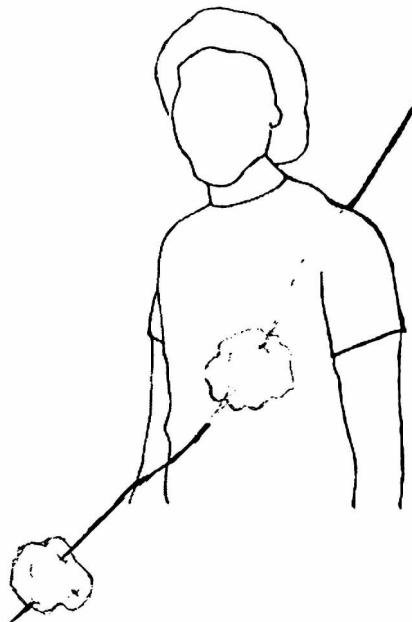
Third, trauma regression techniques like TIR, WHH, Holotropic Breathwork™, Hendricks Body-Centered Therapy and others all recognize that traumas connect in sequences of moments that feel the same. Most therapists typically call these sequences a ‘trauma string’ or a ‘trauma stack’. Stanislav Grof called it a COEX (short for “system of condensed experience”). Instead of just being an unexplainable oddity of the psyche, this interconnection of traumatic experiences has a physical basis. Similar-feeling traumas all correspond to ribosomes on a single mRNA string. In fact, in regression the client’s CoA naturally follows a string of ribosomes (traumas) that act as gateways to earlier and earlier events of a similar sensation.

Fourth, the existence of these trauma string structures is also one of the reasons why events can be traumatic for some people, while not for others. Traumas predispose people to form new traumas in situations that feel similar to old traumatic events. A person without a stuck trauma string won’t typically create a new trauma unless a gene is epigenetically damaged. Surprisingly, we’ve found that most epigenetic damage happens during prenatal development, rather than after birth. Thus, signaling between the outer world and the primary cell work both ways: a traumatic event can cause the gene’s coating to be

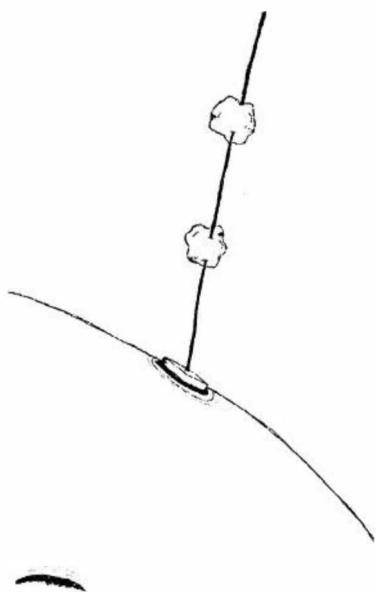
damaged and the gene to become stuck, *and* a stuck (or defective) gene creates susceptibility to traumas becoming formed.

Finally, many trauma techniques make use of the fact that if the earliest trauma moment in a theme is healed, one finds that later traumas simply dissolve without intervention. If the client goes back to the first trauma in the string, the moment of the first expression of the gene (when it got ‘stuck’) can be healed. When full healing occurs, the entire sequence of traumas vanish because the primary cell restores itself by repairing the gene’s protein coating, and dissolves the stuck messenger RNA with its associated ribosomes.

The fact that ribosomes ‘carry’ traumatic experiences also explains another, rather puzzling observation we’d made years ago. We had determined that the heart brain is the one that ‘plays back’ traumas into the body, although we had no idea why this would be so. From the primary cell viewpoint, ribosomes in the cell have a composite awareness that forms the core of the heart brain’s awareness. Their intracellular function is thus linked to the macro-scale function they perform in real life, that of storing and replaying trauma.



*Figure 4.1:* Ribosome superimposed over the body. This creates the trauma sensations in the body, and is seen like this in the Spaciousness state.



*Figure 4.2: Sketch of a trauma string attached to a primary cell nucleus at a nuclear pore.*

Some patterns of traumas are more complex – they have branches that can go to other stuck genes. These patterns of connecting traumas have been observed empirically by many, and are well described in Gerbode's *Beyond Psychology*. The Primary Cell state is extremely powerful because it allows one to actually see interconnecting traumas as ribosomes on strings of mRNA, and to find their origins in defective genes. Our Primary Cell Technique (PCT) allows one to actively interact with the cell, rather than having to deal with the pain of regression healing. PCT allows one to dissolve trauma *without* any need to experience it, by healing the damaged protein coating that caused the genes to become stuck, which automatically dissolves the ribosomes that act as anchors for the traumas. Volume 3 goes into this and other applications of the Primary Cell state to healing in much more depth.

### DANGER

*It is possible to injure or kill oneself by trying to manipulate or heal objects found in the primary cell. Do not attempt this under any circumstances – supervised training is necessary for safety.*

Another major surprise came out of our ability to see genes using the Primary Cell state. Like many people, I assumed that defective gene expression was a rare problem involving specific genetic disorders. Not so. Instead, we find that the average person has, estimating roughly, well over a thousand genes with

damaged protein coatings, with a corresponding total of roughly 10,000 traumatic events. The majority of the primary cell's nucleus's estimated 2500 to 5000 pores are blocked in a typical person. Visually, the primary cell's nuclear wall looks like it is covered with seaweed from all of the stuck mRNA strings. These damaged protein coatings inhibit the actions of their corresponding genes. This observation isn't just an interesting fact – those stuck genes tremendously impact people's lives and peak states. Worse, it demonstrates that conventional trauma healing techniques that heal each trauma one at a time, or even can heal trauma strings, cannot effectively eliminate all traumas in people, because there are just too many to deal with even using power therapy techniques. At best, using currently available techniques, one can target only the traumas that cause the worst problems in a person.

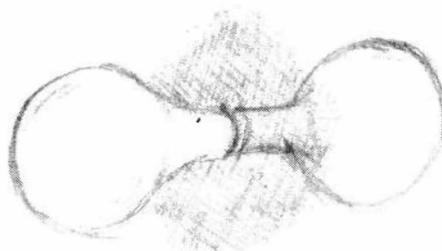
How is this huge number of stuck genes possible? Normally we think of the genes as being fixed, impervious storage devices. Conventional wisdom says any defective genes are inherited, or become damaged through replication errors. However, as we've seen, a trauma can cause the gene's expression to be inhibited via damage to its protein coating. Because a gene is aware of the areas of the body that correspond to its function, damage to the body in that area causes the gene's consciousness to feel as if it were being injured itself. This either damages the protein coating, or causes it to damage itself as it tries to protect itself from this event – an event that is not even taking place in the cell. Thus, damage inflicted by epigenetic traumas is the *primary* cause for stuck genes, and damage from copying errors or inheritance of bad genes is a far rarer problem in our experience (i.e., epigenetic problems are *far* more common than genetic damage).

Up to this point in the discussion, I've let you assume that ribosomes on a stuck mRNA string are formed as the person encounters related traumatic experiences. For most purposes this idea is adequate. However, this simple model of time and causality is incorrect. When the gene becomes stuck, the mRNA string is formed with all of its ribosomes present right from the beginning. To our astonishment, a person can move his CoA into a ribosome that acts as a gateway into a traumatic moment that hasn't even happened yet – it is in one's own future! This stunning observation has profound implications about the nature of time and free will. Although we normally think of events in terms of past, present and future, from a larger perspective future traumas have already happened. As you will see later in the text, this result is supported by other observations – many peak states and abilities also involve interaction with a future that is for most people, to a large extent, predetermined. (As an aside, using techniques beyond the scope of this volume, we estimate that the typical person spontaneously makes minor changes to his own future about three times per year.) Fortunately, dissolving a trauma string is an effective way of changing one's own future, at least to a limited extent involving that particular string of events. This common-sense result is in agreement with observations made from a viewpoint outside of time.

### **Chakras and Meridians in the Primary Cell**

Chakras, which are considered to be non-physical energy structures, are actually physical objects on the nuclear membrane of the primary cell. A person with the required peak ability can see them as either energetic structures in the body, or as physical structures equidistantly placed along the junction between the egg and sperm halves of the nuclear membrane. They look like small light bulbs (in people without fused chakras) stuck along the equator of the nucleus. Each chakra structure is symmetrical, with a light bulb-like structure on both the inside and outside of the nuclear membrane. This gives the overall chakra structure the appearance of a dumbbell, with the middle of the handle penetrating the nuclear membrane. Chakras have a whole range of appearances, depending on the presence or absence of distorting developmental traumas. Each precellular organelle contributes a chakra, for a total of 14; but chakras from corresponding egg and sperm organelles normally pair up, leaving only 7 structures visible. Ideally, the chakras are all merged together; they loose their dumbbell shape and form a band along the nucleus's centerline, with an area on the band that contains concentric circles. When seen from pure consciousness, this arrangement corresponds to having all the chakras merged into a single disk-like structure in the solar plexus area.

The chakras usually contain ‘broken crystals’ that have properties similar to trauma ribosomes – when stimulated, these crystals also cause traumatic feelings in the body, create dysfunctional behavior, and can inhibit peak states. (Volume 3 goes into this in depth.)



*Figure 4.3: A chakra structure in the primary cell of an average person. The base of the ‘bulbs’ attach to the nuclear membrane.*

Attached to each chakra bulb is a hollow tube that extends from the nucleus to the outer cell membrane. These tubes, called microtubules in cellular biology, are the real, physical basis for what are perceived as ‘meridians’ in Chinese acupuncture. Although acupuncturists put needles into the body to stimulate points along the meridians, we’ve observed that this is actually stimulating the microtubule network inside the primary cell. This occurs because the primary cell is the template that the body is based on. Meridians are simply an overlay of

the internal environment of the primary cell onto the external body, although the mapping isn't one to one – after all, the human body and the primary cell have different shapes. The 'Minimal Sleep' state, in which one needs only a few hours of sleep a night to become fully rested, is due to an optimal connection between the nuclear membrane chakra structures and their associated meridian tubes.

### **WARNING**

*Work on the chakra/meridian junction can worsen the connections, resulting in extreme exhaustion or extreme hyperactivity. In either case, the person can become unable to continue to heal, leaving him stuck in this dysfunctional condition.*

Chakra structures have not been identified in cellular biology, as far as I know. However, this doesn't mean that they're not there – rather, since they are so tiny in comparison to the nucleus, and serve no obvious purpose, seeing one would be like finding a bit of gum stuck to your car's transmission and recognizing that your car won't go without 'it'. To make matters even more complicated, these structures look somewhat different in other cells of the body. It is as if the other cells are partial copies of the primary cell, with the chakras' and meridians' shape dependant on cell function.

### **Primary Cell Structures with Non-Physical Aspects**

Many other intracellular structures exist that have a nonphysical component. Conventional examples include the genes and the mitochondria. Primary cell substrates act as the origins of gateway experiences that we first described in connection to their occurrence using regression (in Chapter 2). Gateway developmental events mark the first appearance of their corresponding intracellular substrates. Thus, most unusual spiritual or shamanic experiences can be accessed either using regression, or by finding the biological substrate in the primary cell and entering it with one's awareness (using the CoA, as described in Chapter 5).

As a final note, the existence of the primary cell phenomenon has major importance to healers and others studying consciousness. There are a number of facets of human experience that simply cannot be understood by trying to explain them at the level of the multi-celled world we live in. Instead, they are due to situations and experiences inside the primary cell itself, and from the environment that it lives in. There are parts of the cell that affect us but that have absolutely no counterpart in the everyday world. This explains why quite a number of unusual spiritual and shamanic experiences cannot be normally accessed – they are directly due to processes that do not have a multi-celled counterpart in our ordinary lives. Some obvious examples of this are the chakras and meridians, which exist as physical structures in the primary cell but have no corresponding anatomical counterpart.

### The Primary Cell Model for Peak States, Experiences, and Abilities

The developmental events model for peak state, experiences and abilities, reviewed in Chapter 2, successfully explains why they exist and allows us to create techniques to acquire them. However, it is equally valid to say that key developmental events in one's past create optimal metabolic processes (called multigene networks of the metabolic web in cellular biology) in the primary cell in the present. *These optimal intracellular processes are the biological counterpart to most peak states, abilities, and experiences.* This simple concept is the basis for our 'primary cell model for peak states, experiences and abilities'. The two models are equally valid, and complementary. They simply describe the same phenomenon using different lenses, as if one were looking at opposite sides of a coin.

Another way of understanding the primary cell model for peak states is to turn again to evolutionary biology. In approximate terms, the internal parts of our early single-celled ancestors formed the templates from which the corresponding multi-celled organs evolved. In a sense, our bodies are simply extensions of our underlying cell biology.

The primary cell biology approach to peak states is not just some sort of theoretical extrapolation of what developmental events do inside a person's body. Instead, using the Primary Cell Technique, we can actually target and heal relevant trauma gateway structures in the primary cell, and so unblock peak states. This gives us a completely different (and much simpler) approach to acquiring peak states, abilities and experiences.

The model also gives us another way to look at the question of whether peak states should be continuous or not. Clearly, if many peak states represent particular, optimized metabolic processes, then we can ask ourselves if they should be running at all times, or not. Obviously, in cells some processes are continuous, and others are temporary and depend on what is happening in the cellular environment. Peak states are metabolic paths that have to keep running, while many peak experiences represent momentary metabolic needs.

Another implication of the model is more puzzling. If traumas block states, and traumas result from stuck genes, how can a temporary peak state (a peak experience) ever occur? After all, the metabolic path is blocked by fixed, intracellular damage. At the moment we don't yet have an answer to this important question, but we believe it involves a temporary interruption of the tribal block problem.

In this section I've emphasized the involvement of genes in the peak state metabolic paths in the cell. However, defective genes coatings are *not* always the cause of blocked peak states (although they are the dominant mechanism). It is like a car – just because the engine is usually the problem doesn't mean that something else in the drive chain, like the transmission, couldn't cause your car to stay stuck in the driveway. Other problems do arise in the organelles and structures of the cell, such as vortices due to damaged mitochondria. There are also trauma structures inside the triune brain membranes themselves. Just as importantly, there are metabolic pathways involving the chakra/meridian

structures in the cell that are key to a number of ‘spiritual’ peak states, such as ‘Being Present’, exceptional emotional states, etc. In addition, it appears likely that there are other intracellular metabolic paths that use genes only in a minor role, or don’t involve genes at all. Healing of key developmental events with regression is extremely useful, because it causes healing in every component of the body and intracellular structure regardless of the particular broken link in the metabolic chain.

The existence of the Primary Cell state gives us a priceless tool that we can use to evaluate both the effectiveness of trauma-healing techniques and new peak states processes. During our workshops, we’ve had opportunities to test healing and peak states processes from other technique developers (covered in Volume 1) while we were watching what happened to the primary cell. We found that in some cases they did in fact heal traumas that were blocking peak states, but in other cases they bypassed the traumas’ effects without actually healing them. Like the power therapies, these techniques exploit a variety of intracellular mechanisms in the primary cell.

#### **Definition: Primary cell model for peak states, experiences and abilities**

Peak states and abilities result from optimal functioning of particular metabolic paths inside the primary cell of the body. Stuck genes and other dysfunctional biological mechanisms result in inefficiencies or problems that cause a loss of the corresponding peak states.

Primary cell organelle awarenesses extend into the brain structures of the body. Triune brain peak states are determined by how these organelles in the primary cell interact with each other.

#### **Peak States Can Be Inherited**

For a number of years I’ve observed that particular peak states tend to pass down in families, and to a lesser extent, in genetically-related ethnic groups, as if it were a facial feature or other family characteristic. Also like any inherited characteristic, a state doesn’t show up in every sibling, and can skip generations. The model in this chapter helps explain this. People without a particular peak state can pass on to their descendants the defective genes (or generational traumas) that inhibit the corresponding optimum metabolic pathways – and so these descendants are born without the states. However, the converse is also true. A person with a particular peak state from birth would tend to pass the functional gene, gene complex or other metabolic pathway to his (or her) descendants. Like Mendel’s peas, the offspring would inherit the peak state in a statistically predictable distribution. The situation gets slightly more complex when you realize that it isn’t an all-or-nothing problem – a damaged gene function can often be partially compensated for by other metabolic pathways. Also, since we all have duplicate genes and other relevant structures from both our mother and father, peak state intracellular processes can usually continue even if one gene or metabolic pathway is destroyed. Thus, the existence of peak states that ‘run’ in families gives even more credibility to our overall model.

I'll add another fascinating observation to this. People with mind-heart fusion (Inner Peace) often seek out mates who have the complementary state of body-heart fusion (Underlying Happiness). In psychological terms, one could say that they're searching for complete wholeness (body-heart-mind fusion) by seeking the missing part in another person rather than in themselves. But perhaps there is a deeper biological reason. Some of their offspring would likely inherit both sets of functional gene clusters, giving them a better peak state from birth. It is possible that at a fundamental, biological level we are pushed to try and improve our species in this way. This isn't just speculation – biologists know of other evolutionary mechanisms that improve species. For example, insects (and other creatures) look for the best possible body symmetry in their potential mates.

The inheritance of certain peak states in family groups may also explain another larger-scale phenomenon. Some nations have cultural norms that appear to derive from peak states. For example, the Lakota Native people in North America have a cultural goal of 'walking in beauty', an experience I term the Beauty Way state. Amazingly, their language reflects the qualities of this state. For example, it emphasizes the perception that each day is unique. Looking at a more current example, both Canada and New Zealand have a cultural bias towards acceptance of differences. Although this may be due to their matriarchal rather than patriarchal cultural orientation, this cultural norm strikingly reflects the characteristics of a person in the Spaciousness state of consciousness. This idea of culturally-emphasized peak states is one I find personally fascinating.

### **The Interconnection of Primary Cells**

There is yet another major facet to the primary cell phenomenon that we never expected. People who have the Primary Cell state find that they, with simple intention, can choose to move their awareness and 'see' in another person's primary cell! Functionally, all the primary cells in all of humanity and in all animals can interconnect.

The ability to observe another person's primary cell as if it were our own implies that a therapist might be able to heal problems in another person's primary cell. Extensive testing has shown that this actually works quite well, although there are some aspects to this process that have to be understood before a therapist can become consistently successful in either healing another person's traumas or helping them acquire peak states. Volume 3 deals with these issues in depth.

We've emphasized in this chapter that there is a unique primary cell for every human and animal on the planet Earth. All primary cells exist independently of each other, yet can still interact outside of our normal physical reality. By contrast, in Chapter 9 we will look at how all life on Earth also combines into a composite, immense self-aware planetary consciousness that we call Gaia. However, even though the primary cell awarenesses can interconnect, this does not mean that our own personal primary cell will survive our death – the primary cells decay just as any dead cell does.

## Key Points

- Powerful therapies sometimes cause people to see images from inside a cell instead of images from traumatic moments in the past.
- Each person (and animal) has a primary cell. This cell acts as if it were the primary center of our consciousness and the only self-aware cell in the body.
- Problems in the primary cell are felt in our normal, waking consciousness.
- There are many biological parts of the primary cell that act as a physical substrate or container for various non-physical experiences. For example, ribosomes can act as physical substrates for stored trauma moments.
- Damaged gene protein coverings inhibit proper gene functioning, and are at the root of why events are experienced as traumatic by people. These blocked genes are also responsible for a person's dysfunctional core personality.
- Peak states correspond to correct functioning of particular activities in the cell, which usually involve genes.
- Healing key developmental events actually repairs blocked genes (and other organelles) that were supposed to activate at that moment. Restoring their intracellular function results in the corresponding peak state (if that particular metabolic path was involved with a peak state).
- Healing genes in the cell using the Primary Cell state is a pain-free, efficient and effective way to heal traumas and acquire peak states.
- The environment inside and outside the primary cell gives rise to most 'spiritual' or 'shamanic' perceptions and experiences.
- The Spaciousness state gives one a sense of having unlimited physical and emotional room. The Primary Cell state is built on the Spaciousness state, and gives one the ability to see and move inside a primary cell.
- The Primary Cell Technique™ (PCT) allows one to heal trauma or acquire peak states by healing damage in the primary cell. This method avoids any need to relive traumatic moments.
- Therapists can also use PCT to heal damage in their clients' primary cells *without* the clients' participation.

## Suggested Reading and Websites

### Cellular biology and psychology

- Bruce Alberts et al, *Molecular Biology of the Cell* (4th edition), Garland Science, 2004. One of the primary introductory texts for cellular biologists, with exceptional illustrations.

- Gerald Karp, *Cell and Molecular Biology: Concepts and Experiments* (3<sup>rd</sup> edition), John Wiley & Sons, 2003. This book also has exceptional illustrations.
- Bruce Lipton, *The Biology of Belief*, Mountain of Love, 2005. Interesting work on extra-cellular signaling controlling cells, but no mention of the primary cell concept.

#### Other references to the primary cell concept

- Stibal, Vianna, *ThetaHealing*, Rolling Thunder, 2007. In this book, she describes her healing technique called ‘theta healing’, and mentions the primary cell, which she calls the ‘master cell’.

#### Shamanism and primary cells

- Jeremy Narby, *Shamans Through Time: 500 Years on the Path to Knowledge*, Jeremy P. Tarcher, 2001. Original source material edited by Narby. He gives several good descriptions of primary cell awareness in South American shamans (although it is not identified as such).

#### Trauma and regression

- Frank Gerbode, *Beyond Psychology: An Introduction to Metapsychology*, Institute for Research in Metapsychology, 1995. A very difficult book to read, but with an excellent explanation of the ways traumas connect to each other.
- Gerald French and Chrys Harris, *Traumatic Incident Reduction (TIR)*, CRC Press, 1998.
- Grant McFetridge and Mary Pellicer, *The Whole-Hearted Healing Manual*, ISPS Press, 2004. Describes a regression healing process that accesses trauma images, heals them, and focuses on finding the original trauma in a sequence.
- Paula Courteau, *The Whole-Hearted Healing Workbook (Volume 1)*, ISPS Press, 2008.

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### **Consciousness: The ‘Observing Self’ and the ‘Center of Awareness’**

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In my psychology classes I was required to learn quite a number of different and often incompatible or contradictory definitions of self-awareness. In my opinion these definitions were so abstract that the words and concepts no longer had any meaning. This was also true for many spiritual and ‘new age’ teachings I encountered. Unfortunately, one can’t just ignore the entire subject – in order to explain the experiences encountered in regression and solve the problem of acquiring peak states one has to really understand what is going on.

Fortunately, the ‘observing’ self-awareness can be defined in simple, experiential terms. I originally came up with this idea in the 1990s to help me teach Whole-Hearted Healing, with its emphasis on the concept of an ‘out-of-body’ observational viewpoint during traumatic moments. Dr. Mary Pellicer refined this by giving it the elegant shorthand label of ‘CoA’, and she was instrumental in helping me explore the implications of the concept. In hindsight, it surprises me that this experiential definition isn’t everywhere – but oddly it isn’t. In fact, while writing this chapter I could only find one obscure mention of the idea in ancient Buddhism, which I’ve cited in this chapter.

Once I had the CoA conceptual framework, it eventually allowed me to tie it into an understanding of how everyday self-awareness must be composed of two different parts; and how the everyday ‘observing’ self-awareness is part of much more profound phenomenon involving the Creator itself. Although it took over 15 years to accomplish, turning all of this from a mystery into something that can be clearly understood and applied has been tremendously satisfying.

#### **Chapter Overview**

Understanding the components of consciousness is necessary if we want to completely understand peak states and how to create entirely new processes for acquiring them. Chapter 3 describes how actions of the triune brains created the Western concept of the subconscious, and how traumas cause the brains to block

peak states. However, our conscious awareness also plays an important role in regaining and experiencing various peak states and improving our day-to-day quality of life. In this chapter, we'll see how conscious self-awareness is actually made up of two distinctly different phenomena – a conscious 'observing self' of pure awareness, which acts like a non-physical phenomenon; and a conscious 'directing self', which has a physical, biological basis involving our genes. This chapter introduces the pure awareness component, while Chapter 6 covers the gene-based component.

In psychology, one of the major difficulties in understanding consciousness is in defining it. Current definitions are confusing because they use words that don't have any direct experiential referents. Fortunately, the observing self component of consciousness *can* be defined kinesthetically by locating a 'center of awareness' (CoA) in oneself. This is where we feel we 'live' in our bodies, and in fact it is who we feel we 'are'. The observing self (equivalently called the 'CoA self' in this text to emphasize its experiential quality) is what gives us the ability to be aware of being aware, or in other words, the ability to observe our own awareness. This portion of our conscious self is also what makes us capable of having and remembering an out-of-body or near-death experience.

The most important characteristic of the CoA self with regards to peak states and healing is its ability to merge with and experience every other kind of awareness that exists. The CoA self of the person also has to be merged to some extent with the brains before the person can feel what the triune brains are experiencing. A variety of problems, caused by traumas, can occur in the interaction between the CoA self and one's body. When relevant trauma is fully healed, the CoA self expands throughout the body and out into the environment, giving rise to state that Buddhism describes as non-dual awareness.

In terms of consciousness, the CoA is a detached piece of the Creator itself. As with a holographic picture, a piece can be removed and yet the entire image still remains. However, the CoA self is not just 'spiritual' – it *does* have a physical basis. Chapters 8 and 16 cover the relevant developmental events for the biological substrate for the CoA self.

#### *States, abilities and experiences in this chapter*

- Expanded Center of Awareness state
- Out-of-Body Experience (OBE) Ability

#### *Relevant processes*

- Finding the Center of Awareness (CoA)

#### **Neurologists Cannot Find Consciousness**

As we saw in Volume 1, the thoughts and actions of the self-aware triune brains create what Western psychology calls the subconscious. However, it quickly becomes apparent that there is something missing in the model – where is the 'who' that is aware of the brains' thoughts and actions? In other words, if the triune brain model is correct, why doesn't it match our everyday experience?

True, we have thoughts, feelings, and body sensations that correspond to the triune brains, but doesn't the Western model of a single awareness (with a conscious and unconscious aspect) fit our typical perception of ourselves better? Even if the triune brain model is correct, isn't our seat of awareness behind our eyes in the neocortex? Isn't our consciousness just the mind brain? If it isn't one of the triune brains, what biological part is left to form it?

These are not just academic questions. To explain certain types of experiences encountered in key developmental moments and to do many of our processes for acquiring peak states, we need to understand what the Western psychology's conscious self-awareness really is. I'm referring here to something that is totally familiar to all of us – it is the core of our moment-to-moment perception of ourselves. In essence, it is our everyday self-awareness.

To understand consciousness, the most obvious way to start is to ask what neurologists and brain biologists have discovered. In the last 50 years neurologists have had great success in mapping out the different ways the brain causes actions, feelings, perceptions and memories to be triggered. They have also conclusively demonstrated that there is *no* unique brain structure that contains conscious awareness – it is *not* located in any particular part of the brain. As this violates our cultural assumptions, one can be assured that no stone was left unturned in their search. Since neurologists naturally assume that the brain is the seat of consciousness, their most popular hypothesis is that consciousness is due to some sort of higher-level interaction between parts of the brain. Yet, as of this writing, no one has been able to prove that this idea has any validity.

#### Example:

The lack of a biological basis for subjective self-awareness is a huge problem for conventional neurology. Extremely clever experiments have demonstrated that it cannot be associated with any particular brain structure or combination of brain structures. Neurologists *have* discovered that waking consciousness appears when the brain has a rhythm in the gamma range at about 40 Hz, and is lost when this diminishes and loses coherence. To try and explain these observations, several other ideas have been proposed:

The neurologist Rudolfo Llinas has proposed that consciousness is a field phenomenon, not a brain structure or interaction between brain structures, and that modulations of the field represent the contents of awareness.

The neurologist Roy John hypothesizes that there is a resonating 'electrotonic' field with the property of subjective awareness.

Carbon microtubules have unusual quantum-level properties. The anesthetist Stuart Hameroff has suggested that these microtubules, which are found in the 'skeletal' structure of nerve cells (and in fact virtually all cells), could be relevant to consciousness.

### **The Conscious Self Is Not a Triune Brain**

For most people the conscious self isn't directly aware of the triune brain consciousnesses – thus, the triune brains' thoughts and actions are part of the 'subconscious'. However, using the Hearing the Brains peak state, one can directly communicate with the triune brains. In this state, one can even 'hear' the brains communicating back and forth. The triune brains seem very much like little children to the conscious self part of ourselves that observes them. For most people, the subconscious is made up of the children (the triune brains) who we (the conscious self) are usually ignoring. Most people's conscious self is usually fixated on one brain or area of the body (as if paying attention to only the screaming child), leaving the others acting completely 'unconsciously', i.e.. without supervision or conscious 'self' awareness.

Thus, in spite of our Western cultural assumptions, the conscious self *cannot* have a physical biological brain structure as its direct source – the triune brains already fill that niche.

#### **Example:**

What the triune brains are aware of and what the conscious self is aware of can be quite different, as the phenomenon of unconscious perception attests. However, this difference extends further into the brain, as the phenomenon of neurological 'blindsight' illustrates. Discovered by Lawrence Weiskrantz at Oxford, this condition is caused when removal or damage to a primary visual cortex (there are two: one in each brain hemisphere on either side of the head) causes people to lose the ability to see on one side of the visual field. However, even though they have no conscious awareness of anything in their blind side, they can guess what is there – and do so accurately. They adjust their hands appropriately to grasp objects in the blind field, and printed words on the blind side will influence the meaning of words they see in the normal area of vision. This phenomenon has also been cleverly verified in injured monkeys. Incidentally, blindsight is not 'hysterical blindness', which is caused by psychological trauma, not neurological damage.

Another example of this occurs when the left and right brain hemispheres are severed from each other. The person is aware of and can still control one arm – but the other controls itself. It is aware of what is needed and tries to be helpful.

### **Analyzing the Conscious Self Using Regression**

In this section we'll look at a different way to analyze consciousness – by using regression. Regression to the *earliest* possible developmental events allows us to examine the different original types of consciousnesses when they first appear. At the creation of the precellular organelles during the Genesis Cell stage, we experience three different kinds of consciousness: a 'human-feeling' consciousness in the genes; a 'sacred-feeling' consciousness in the precellular organelle membranes; and a gelatin containing an 'observing self' awareness

that observes the other two types – and can choose to do so from an out-of-body viewpoint. When these three structures combine, they give rise to the sense that one has just a single awareness. (In most people the sacred feeling portion, associated with the subconscious triune brains, is completely blocked from awareness at birth.) Chapter 8 goes into these developmental stages in depth.

At coalescence, another change in consciousness occurs. The various precellular organelles combine to form one organism, and a ‘directing’ awareness comes into being, one that is separate from that of the many organelle consciousnesses. The primordial sperm now feels like a young version of the father. The primordial egg feels like a young version of the mother. We’ve now developed a consciousness separate from the organelle ‘subconscious’, a situation similar to that in the adult. We call this new type of consciousness the ‘directing self’.

At conception yet another change in consciousness occurs. The combination of the egg and sperm directing selves form a new directing self that finally feels like the self we are familiar with as an adult. The primary cell biology of the directing self is relatively straightforward, involving the genes of the nucleolus, and is covered in detail in the next chapter.

#### Example:

Regressions show that conscious awareness is present from the earliest moments of the precellular organelles’ and single-celled gametes existence. Thus, in principle one should be able to identify a common biological structure that would be present from that moment on, which allows ‘reception’ of conscious awareness (or else contains it). Structures that were not present at every stage could be ruled out from consideration. For example, we could eliminate Hameroff’s microtubules hypothesis if they did not exist in the precellular organelles. (The actual biological origin turns out to be something entirely different.)

Thus, although a person isn’t typically aware of it, his overall everyday consciousness is actually made up of two separable parts: a pure awareness that observes – the observing self – and a conscious self that acts and directs – the directing self. In everyday terms, when you move your arm, your directing self is the part of consciousness that actually makes it go, and the observing self is the part that watches it happen. Neither is part of the triune brain system, nor can they be found in the brain – just as the neurologists have concluded. Fortunately, unlike neurologists who are limited to just observing existing brain structures, once we had a model that consciousness had two separable parts, we could actually test our conclusions. We did this by seeing if we could modify consciousness itself, by healing relevant developmental events in ‘before-and-after’ tests – and we can, just as predicted, as described in the following chapters.

**Example:**

Through a variety of extremely clever experiments and observations on brain-damaged animals and humans, different models of consciousness have been proposed. For example, the neurologist Antonio Damasio views consciousness as a hierachal, pyramidal system: "The enchainment of precedences is most curious: the nonconscious neural signaling of an individual organism begets the proto-self which permits core self and core consciousness, which allows for an autobiographical self, which permits extended consciousness. At the end of the chain, extended consciousness permits conscience." (Antonio Damasio, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, page 230).

Although it is difficult to make exact comparisons, the triune brain consciousnesses appear to be what he calls the 'proto-self', the observing self appear to be what he calls the 'core self', and the directing consciousness appears to be what he defines as the 'autobiographical self'.

**Finding the Two Parts of Consciousness in Other Traditions**

Once we had realized that ordinary consciousness had two separate parts, we then looked for any spiritual traditions that had also come to the same conclusion – and Hawaiian shamanism was one that did.

**Example:**

Hawaiian shamanism also identifies two parts to conscious awareness. The observing self is called the *uhane*. The anthropologist Hank Wesselman defines the word: "Literally spirit, soul or ghost; another term for the conscious mind, the intellect, or *Lono* aspect of the self." (Visionseeker, page 318.) The biological directing self is called the *lono*. Apparently, because the two kinds of consciousness are normally combined into a single sensation of consciousness, *uhane* is typically thought of as an equivalent word.

In the Judeo-Christian tradition, the observing self is called the soul. This may come as a surprise, because most of us don't normally think of the soul as something so obviously part of our everyday experience as the observing self is – instead, we usually assume it is something that only becomes apparent when we die. And in fact, the apparent non-biological nature of the observing self can be clearly seen during a near-death experience. It is our observing self that finds itself outside the body, that rises to the light of the Creator, and that relives all the events of one's lifetime. In fact, the material that makes up the observing self is a separated part of the biological material from very early development that makes up what we normally think of as the Creator itself (see Chapters 13 and 14).

### **Identifying the Center of Awareness (CoA) of the Observing Self**

When psychology texts try to define conscious awareness, the definitions are generally so divorced from actual, lived experience that they are nearly impossible to understand. Fortunately, in our work we have discovered a clear, unambiguous experiential identifier for the observing self. We define this observing portion of waking, overall conscious awareness by simply locating the center of awareness (CoA) in our body. One can physically point at the concept's manifestation and recognize it from one's own personal experience.

To find the center of awareness of the conscious self, do the following. Close your eyes. Get a sense of where "you" are inside your body, where your "center of awareness" is. Take your hand, move it out in front of your body and point a finger at the area just above your head. Bring your finger down slowly until it feels like it is no longer 'above' yourself, but rather pointing at where 'you' are in your body. Keep lowering your hand until it feels like it is below where 'you' are in your body. This area is where the CoA of your conscious self exists. Continue to lower your hand – some people have more than one location simultaneously for their CoA.

Dr. Mary Pellicer and I first came up with this way of finding the CoA in the 1990s. Because both of us have our CoA's as small areas behind our eyes, we assumed that all people did. Fortunately, Dr. Pellicer tested this idea on a group of our workshop participants, and found out quite differently. Instead, less than half the participants had a CoA in the head. In fact, the CoA can be focused in a spot anywhere from the head to belly, it can be split into two locations, it can be diffusely spread out through a general region of your body, it can be uniformly distributed throughout the body, or it can even be outside the body.

#### **Example:**

The concept of a CoA is surprisingly obvious in hindsight, so one would expect to find it in traditional spiritual paths, yet oddly it isn't explicitly described in any that I know of. However, recently David Hartman at a 2004 Association for Pre- and Perinatal Psychology conference indirectly referred to this concept. He mentioned that the word '*citta*', usually defined as 'mind', has a meaning in early Buddhism that could be better translated as the 'locus of awareness'. Likewise, Bhikkhu Thich Minh Thanh notes in *The Mind in Early Buddhism*: "So the Buddhist *citta* reminds us of the Freudian ego as mentioned above in its function as the center of perceptual and cognitive activity."

In this textbook we usually refer to the 'observing self' part of consciousness as the 'CoA self' (or the CoA for short), both to emphasize its demonstrable quality, and to avoid confusion with other concepts that contain the words self, consciousness, or awareness.

**Definition: Center of awareness (CoA)**

Our center of self-awareness (or center of awareness (CoA) for brevity) is the location where we feel we are in our body; we can point a finger at this location. The CoA can be in one or more spots, diffused over an area, completely fill the body, or extend past the boundaries of one's body, or be totally outside one's body. This is the experiential identifier for the 'observing self' portion of the conscious self.

**Definition: Observing self**

The conscious self can be divided into two parts: the part watches (rather than acts) is called the observing self. The observing self can be defined experientially. It is what we are referring to when we point at the physical center of our self-awareness in our body, the 'center of awareness' (CoA). In this text, for clarity and brevity we often refer to the conscious observing self as the CoA self, or just the CoA. Other terms in the literature for this concept are 'soul', 'spirit', and 'self-awareness'. One of the defining characteristics of the CoA is that it can 'merge' with other awarenesses, such as that of the triune brains. Another characteristic is that it can move to an out-of-body location.

**Key Properties of the CoA: Merging, Timelessness and Perceiving Awareness**

The CoA self has a unique property: it can 'merge' (or un-merge) with other awarenesses. This can cause confusion when trying to identify what the CoA really is. Because it can merge with the self-awarenesses of the individual triune brains, it can lead a person to believe he is the brain or brains in question. Fortunately, this confusion is easily dispelled. The CoA self is characterized by a movable, central locus of identity in some volume of space. Thus, you can usually tell if the CoA is merging with something else, because you feel like you have physically moved over to its location. Alternatively, your CoA can change shape to include the targeted awareness.

The CoA's ability to merge allows us to experience all sorts of unusual states and experiences. For example, in the 'Being Other Lifeforms' state, one can choose to become an animal, plant, or mineral. It is the CoA that allows us to experience this.

The CoA has another unique and fundamental property that involves time. Although we typically think of ourselves as being in a present moment that moves forward one second at a time, the CoA can be used to access (be aware of) any time, or all time simultaneously. For most people, this quality of the CoA is completely unsuspected – yet many people use this ability unknowingly when they idly recall a pleasant experience in their past, or go back to a past lecture to listen for some fact necessary for the exam one is trying to pass in the present. This example is a fascinating one, because how well one can do it depends on one's Creator Light state: but people with this state simply notice that they have an exceptional memory, and don't connect it with the degree of their inner

brightness. Even stranger, using the CoA one can become aware that *any* moment in time is actually the present moment for the person who is there – for example, that the person you were an hour ago is still there, consciously existing in his present moment while you are in his future.

We know enough now to use this quality of the CoA in various peak states, but how time and this aspect of the CoA fundamentally works – the mechanism that stabilizes a person into a ‘present’, its relationship to one’s oversoul, to the Creator, and to the nature of time found in the realm of the Sacred – is still a fascinating area of investigation for us. Thus, we know that the body precellular organelle somehow stabilizes our CoA awareness into normal time, but not how. Regardless, simultaneity throughout all of time appears to be an intrinsic property of the crystalline material of the CoA itself (as covered in Chapter 14).

The CoA has yet a third fundamental property: it ‘sees’ awareness. This ability is intrinsic to its nature. The CoA perceives itself and its environment as shades of light and darkness. This shading corresponds to how much awareness is in its field of view, a bit like X-ray pictures show more density as increased areas of light. This fundamental property of the CoA has actually misled researchers studying consciousness into assuming what they were seeing was entirely non-physical. Chapter 15 goes into this topic in depth.

### **Moving the CoA: The ‘Expanded Center of Awareness’ State and the OBE Ability**

Different people have different locations for their CoA. However, most people can consciously, albeit temporarily, shift its location. It is possible to move the CoA into each of the brains, encompass the brains, or even move it outside the body itself. Putting your CoA into the area of a triune brain awareness causes you to ‘become’ the brain and gives you an awareness of what that brain is experiencing directly. This turns out to be important in doing some of the advanced peak states techniques in this book. It is also critical for many traditional shamanic techniques and ‘psychic’ practices like ‘readings’ or disease diagnosis.

#### **Example:**

Tom Brown, Jr.’s school of shamanism teaches a technique called “breath to heart”. In this process, the CoA is deliberately moved into the solar plexus area. Once there, a variety of states, abilities, and shamanic experiences can be reached. The techniques won’t work unless the CoA is in the solar plexus.

#### **Example:**

A woman in her 40s does psychic readings, after receiving training from the Berkeley Psychic Institute. She shifts her CoA up to her third eye area on her forehead to do the work. Normally her CoA is spread through her chest.

Unfortunately, even though virtually everyone has their CoA in specific locations in the body, this indicates that the person has a disorder of the CoA consciousness. As with so many things in this work, very early, specific pre-coalescence developmental event traumas set up the problem. Specifically, as explained in detail in Chapter 14, the CoA location is determined and its extent limited (for the people we've tested) at an early CoA developmental stage. When this event is healed, the CoA fills the body uniformly, and in fact extends past it, giving the sensation that the ceiling is so close one might hit one's head on it. We call this the 'Expanded Center of Awareness' state. In its extreme, the CoA also includes the environment around oneself – thus, one experiences oneself as being both one's own body and everything in the vicinity. It is very rare to find adults with an expanded CoA, although this is not true before birth. People who regress to the womb often say that their CoA did fill their body as a fetus, making them feel extremely large, more so than they do as adults.

#### Example:

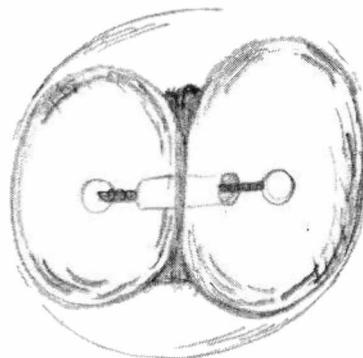
One of our colleagues found herself out of her normal Inner Peace state. She coincidentally noticed that her CoA was in the center of her forehead. She noticed that she had some judgments towards her body, and let them go. It was late at night, and when she woke she was back in the Inner Peace state. She also noticed that her CoA had spread from the top of her head down into her chest. She concluded that the CoA was a way to identify what state she was in.

The CoA's location is much more flexible than most people realize. It can be moved into the outer world in what is commonly called an out-of-body experience, split into multiple locations simultaneously, shifted into non-physical shamanic sorts of 'places', or made tiny and sent into organs and even inside a single cell. We call this ability to change the location and size of the CoA and use it to observe one's surroundings the 'Out-of-Body Experience' ability (or 'OBE ability' for brevity). We've used this label because it is commonly used in our culture, even though clearly it doesn't capture the other part of the ability, that of observing one's own cellular interior. Volume 3 covers this in more detail.

#### The Biological Basis of the Observing Self

At first glance, it isn't obvious that the observing self has a biological basis in the primary cell. Since we've already eliminated the genes (they form the directing self) and the organelles (they form the triune brain awarenesses), it appears that there is nothing left that it could be. Fortunately, we were able to solve this mystery by using regression. By going even earlier than the Genesis cell, we reach events that actually occur in our *grandmother's* primary cell, during the period when the parent is implanting into her womb wall. It turns out that a person's awareness actually starts in the maternal (and paternal) grandmother's primary cell nucleus, inside the nucleolus, in a structure that we

call the ‘nuclear core’. (As of this writing, we haven’t identified the conventional biological name for the core, if one exists. Interestingly, other cells in the have body cores, but they don’t always look the same; apparently their shape depends on the cell’s function.) We found that the grandmother’s observing self was located at its center, inside what looked like a golden wedding ring. (We call this sub-structure simply the ring, if what we are referring to is clear from context; or more formally, the ‘circle of life’, because my colleagues who first saw it called it that, spontaneously and independently.) Once we realized that this tiny and obscure structure existed, we found that everyone had one – this was the biological basis for each person’s observing self. (In fact, the nuclear core and its sub-structures are also the source of major spiritual states, as explained in later chapters.)



*Figure 5.1:* The cutaway view of a typical nuclear core. The center structure between the left and right tubes is a ring (the dark area in the middle of the drawing). An optimally developed core looks simply like a ball covered with a golden layer.

However, there is more to the story of the observing self than just a structure inside the nucleus. Returning to development of the origin of consciousness in the grandmother, we find that the new, tiny biological beginning of a person’s observing self exit the nuclear core and go into another structure on the nuclear membrane. In spiritual traditions, this structure would be called the grandmother’s heart chakra. In it, another key transformation of consciousness takes place. A crystalline material, part of the grandmother’s chakra, is merged with the original physical component of the observing self. This changes the observing self into the form we’re familiar with as an adult – it causes us to acquire several new qualities, such as a locatable center of awareness. In fact, the primary cell simply recreates this earlier dynamic at a more complex and larger scale: we have both a nuclear core *and* a structural network that contains that same crystalline material. This network is composed of structures (chakras) on the nuclear membrane, and of microtubules (meridians) that connect to them and extend through the cytoplasm. (Chapter 4 describes these structures in depth.)

When the crystalline material flows freely in its meridian network, a person experiences an inner light - the light of his own consciousness flowing through his microtubules.

In the present, one simply experiences the observing self; to notice that it has two components is difficult if not impossible for the average person. Thus, in most circumstances we just call this awareness the observing self (or the CoA self to emphasize its experiential characteristic). If we need to work with the different parts for some reason, we usually just specify them functionally, by referring to the physical structures or developmental events involved. However, this information is still very useful in our work: it turns out that the early developmental events involving the CoA self are extremely important to many major and minor peak states, as well as to serious psychiatric disorders.

## DANGER

*Working with early CoA events can be extremely dangerous for anyone, even people who are exceptionally mentally healthy. It can result in psychosis, other mental disorders, spiritual emergencies, physical symptoms and pain that will not stop, and a host of other problems. Clients and therapists should only work in these events while under trained supervision.*

### Dysfunctions of the Observing Self

As might be imagined, early trauma in key developmental events of the observing self results in a variety of problems. Some of them are so common that we consider them as simply the way things are supposed to be. For example, as mentioned earlier, the CoA is supposed to be uniformly spread in and around a person. Early trauma blocks this, but trauma healing applied at the critical moments will restore the CoA to its proper condition. In addition, there are a number of other conditions that also correspond to developmental event trauma in the earliest stages of consciousness. One of the more fundamental ones involves the reason why trauma strings exist at all. Another involves the existence of a type of psychosis.

One can also analyze problems of the observing self by identifying where the damage lies: either in the nuclear core, or in the chakra/meridian system. Although there are interactions – the nuclear core is primary – to a great extent problems in the two systems can be treated as separable. In the examples that follow, the problems are mainly due to the second stage of the observing self, in the crystalline part that is found in the chakra/meridian system.

### *Trauma and the CoA*

Much of our work as therapists revolves around dealing with both the direct symptoms and the indirect influence that activated traumas have for our clients. In a mild form, people call it ‘acting like a child’, ‘getting your buttons pushed’, or ‘over-reacting’. In a severe form, they cause us to almost completely lose awareness of the here and now in what is called post-traumatic stress disorder (PTSD). In most cases, the CoA self isn’t aware of the traumatic moments that

have been triggered, even though the symptoms can be painfully apparent – making the person to be ‘unconscious’ of the cause of the problem. However, by effort or training the CoA can ‘see’ the trauma moments that have been triggered. This can also happen spontaneously, as in the case of a war veteran’s flashback. Contrary to people’s beliefs, just because trauma moments are forgotten and not directly accessed by the CoA doesn’t lessen the power they have over people.

Trauma storage itself turns out to be a disorder of the CoA, but via a very indirect mechanism. As explained in the last chapter, traumas are stored as ribosomal gateway structures attached to mRNA strings that are stuck to the nuclear membrane of the primary cell. Thus, these gateways can be viewed as portals to past traumatic moments. However, this observation of the biological basis of trauma does not explain why these structures act as gateways into the past. Nor does it explain why ordinary ribosomes in the cytoplasm don’t also act as gateway structures. The reason involves a dysfunction of the CoA that is so widespread that we all consider it to be ‘normal’. During moments of trauma, a piece (with hologram-like qualities) of the CoA is ‘trapped’ and stored as what can be seen as an out-of-body image, like a snapshot, inside the stuck ribosome. Each trauma awareness in the mRNA string is birthed from the trauma awareness that came before it, in a way that is similar to our own first separation from the Creator itself (see Chapter 14 for the biology of this event). In essence, the stuck ribosomes act as physical containers for split off pieces of the person’s CoA material.

Most therapies address these trauma ribosomes either singly or as entire strings. For example, the WHH therapy uses regression to access a trauma moment, and has the client move their CoA into the body in the past to achieve healing – in essence, reversing the client’s CoA separation during that moment.

It is possible to eliminate the overall reason why traumas are stored at all, and so cause them all to dissolve simultaneously. However, experimentation in this area can be extremely dangerous – our first approach nearly led to the death of our researcher. As I write this (summer of 2008), our latest approach works extremely well, but is still being tested for safety and to identify any secondary problems that might arise.

### *Psychosis and the CoA*

During our work with very early developmental events involving the CoA, we found a moment that, when accessed, causes the awareness of the researcher to shatter into pieces. The effect is quite strange – trying to focus attention in the present causes awareness to bounce around inside the head like ricochets from a bullet shot inside a room. In our limited testing, this is the cause of certain debilitating mental conditions, and appears to cause delusional psychoses in some people. Although it is possible to fix this problem, it cannot be done by direct trauma healing – if this is attempted, the person’s awareness will fragment, making it difficult or impossible to self-heal. This event is extremely dangerous, as it shattered the awareness of even the exceptionally stable

members of our research group. Dealing with this issue is outside of the scope of this text, and at this time is taught only in our advanced therapist training.

## DANGER

*Working with the psychosis developmental event causes a shattering of consciousness in everyone we've tested, even highly stable therapists. It causes inability to focus, and in more extreme cases psychotic delusions. Standard techniques do not work on this event, and once triggered the problem does not go away without intervention. Only therapists trained in this issue should work with it.*

### **The Oversoul (Superconscious) and the Creator**

The core of the observing self of conscious awareness is actually a subset of a more inclusive kind of consciousness. This chapter on conscious awareness omits discussion of this since a typical person would not normally be aware of it (unless perhaps they were experiencing past-life, recalls or have had unusual spiritual states). Briefly, one aspect of this gives continuous access to every moment of all of our past (and future) lives, and is often called the 'oversoul', 'superconscious' or 'higher self' in various psychological and spiritual traditions. The other aspect is usually called God or the Creator. Biologically, they arise from structures found in the nuclear core. Chapters 12 through 14 describe the connection of the observing self to the oversoul and the Creator in detail.

## Key Points

- Consciousness is not in one of the triune brains, nor in any part of the brain, nor is it created from some sort of synthesis of the triune brain awarenesses.
- Consciousness is made up of a 'directing' and an 'observing' self.
- The center of awareness (CoA) procedure gives us a way to kinesthetically define something that can be called the conscious 'observing self'. A person can point at his CoA with his own finger.
- The CoA location is usually contracted due to trauma at key developmental events. When relevant trauma is fully healed, the CoA fills the body and extends into the surrounding environment.
- The CoA has a unique property: it can merge with other types of awarenesses (triune brains, other beings, etc.) to allow one to experience them as if they were one's own.
- The CoA is called the 'soul' in shamanic and Judeo-Christian traditions.
- Traumas are created when a piece of the CoA awareness splits away from the originating CoA.

- The ability to move the CoA and ‘see’ as if from one’s own eyes is called the ‘Out-of-Body’ ability. Key developmental events give this ability to people.
- The biological basis of the observing self is in structures in the primary cell: in a structure we call the nuclear core inside the nucleus; and in structures on the nuclear membrane (called chakras in spiritual traditions).

## Suggested Reading and Websites

### Buddhism and the CoA

- David Hartman and Diane Zimberoff, “Deintegrate, Disintegrate, Unintegrate: a Buddhist Perspective in Heart-Centered Therapies”, *Journal of Heart Centered Therapies*, Autumn, 2003.
- Thich Minh Thanh, *The Mind in Early Buddhism*, Munshirm Manoharlal Pub, 2001.

### Neurology and studies of consciousness

- Adam Zeman, *Consciousness: A User’s Guide*, Yale University Press, 2002. Good overview of conventional neurological and psychological studies on the brain, but it omits any triune brain material.
- Antonio Damasio, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, Harcourt Brace and Company, 1999.
- Lee Gerdes, of Brain State Technologies. Using brain biofeedback, their approach treats a variety of severe mental issues, such as addictions, mental illness, and PTSD. See [www.BrainStateTech.com](http://www.BrainStateTech.com).

### Hawaiian shamanism

- Serge King, *Kahuna Healing*, Theosophical Publishing House, 1983.
- Hank Wesselman, *Visionseeker: Shared Wisdom from the Place of Refuge*, Hay House, 2001.

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### The Conscious ‘Directing Self’: Genes and the Nucleolus

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Over the years I had led many people into profound and radical peak states of consciousness. As I expected, many of these people were changed in very fundamental ways. However, some would report that although they now experienced a radical peak state that they had never consciously had before, they didn’t find it a particularly big change. I was extremely puzzled as this had not been my own experience. Even more surprisingly, while some people were drastically changed when they acquired various peak states, most people did not appear to change their core (and often dysfunctional) personality. For example, you would expect a person who suddenly started feeling continuously happy to have new and different viewpoint on life, wouldn’t you? – yet many didn’t. And how does the core personality relate to the part of ourselves that actually directs our bodies and actions in life? Where is my directing consciousness, the one that just decided to have my arm reach out for the tea next to this keyboard?

Fortunately, I was in a much better position to answer this question than psychologists working with the mentally ill, or neurologists working with brain-damaged clients and animals. Unlike them, I could deliberately use peak state processes to change parts of consciousness to see if they contained the directing consciousness and/or core personality. I could also go to very early developmental events to find when these things first appeared. However, by 2005 I had eliminated all of the possibilities that I knew of and was at a loss to understand what might be the cause. It couldn’t be the triune brains; in the Sacred Body state, they stopped feeling or acting human, yet the conscious directing self and core personality were unchanged in most people. I had assumed it must be part of the conscious CoA, but radically changing the CoA so it extended throughout the body and into the environment made no change to the directing consciousness or core personality. Nor did any other peak states that I knew of, such as removing the skin boundary, restoring one’s connection to one’s past lives, or merging with the timeless oversoul. To add to the

confusion, some test subjects did experience change to both their directing consciousness and, as observed externally, to their core personality. However, most test subjects were unchanged in this regard, so clearly there had to be a variable I was missing.

Finally, while investigating the organelle origins of the triune brains, serendipity occurred – we stumbled upon the source of the core personality and directing consciousness actually inside the cell itself. This quickly led to the solution of our mystery, triggering numerous other discoveries and initiating development of several new processes.

## Chapter Overview

This chapter continues the overview of the different components of consciousness that are relevant to peak state processes. Here, we look at the biological root of the portion of our conscious awareness that can be called the ‘directing self’. This part of consciousness is intimately involved with our ability to act in the world.

The source of the part of consciousness we’ve called the directing self turns out to be in the chromosomes of the cell, rather than in some macro-structure in the brain. This makes sense in a deeply biological way – the chromosomes (organized into structures such as the nucleolus) are also the primary guiding force behind the actions of the primary cell. At an even deeper level, the chromosomes’ self-awareness is what gives the characteristic human sensations to our everyday conscious awareness.

To get a peak state, as we saw in Chapter 3, the triune brains have to allow it. However, this critical first step is *not* always sufficient. At a cellular level, optimal intracellular biological processes among the organelles correspond to peak states. Yet the organelles are only a part of the flow of materials. Particular genes or gene complexes and their products, which are sent through the nuclear membrane, are also a key part of that process in most (but not all) cases. Unfortunately, global communication difficulties through the entire nuclear membrane, starting at birth, result in a sense of a self that is separated from the body – something that we *don’t* want as it inhibits our experience of peak states and our health.

Human consciousness might best be described as a committee of awarenesses. Mitochondria, the basis of the solar plexus triune brain, contain their own genes. Damage to them also creates serious physical and emotional problems. Optimum mitochondrial functioning also creates a unique peak state.

### *States, abilities and experiences in this chapter*

- Being the Body state
- Essence of Self state
- Self Neutralization state
- Hearing the Brains state
- Seeing Columns of Self ability

## Consciousness Awareness and the Directing Self

To repeat for emphasis, the two parts that make up an average person's healthy consciousness are the observing self (the part that observes, called the CoA in this textbook) and the directing self (the part that acts). Normally a person just experiences himself as conscious, without any awareness of the two parts.

In this chapter, we'll examine the second part of conscious awareness, the directing self. This part exists independently of the 'observing' CoA self, although the two are normally somewhat mixed together, making it hard to recognize each as a distinct, separate component. This part of consciousness is sometimes called the 'mind', the 'conscious mind' or the 'directing mind' in the psychological and spiritual literature. It is the part of our self that decides to take action and initiates physical movement.

### Example:

The concept of the directing self also appears in Hawaiian shamanism and is called the *lono*. As Serge King puts it, "The *lono* mind or self is roughly analogous to the 'conscious mind' in psychology. It is that aspect of mind that focuses on physical reality, analyzes it, integrates it, and forms beliefs, attitudes and opinions about it. It is a receiver of subtle and gross information from various sources and a director of action." (*Kahuna Healing*, page 85.) The anthropologist and shaman Hank Wesselman writes "... in its inner aspect, [the *lono* is] the conscious mind; the thinker, inner director and decision maker, the ego-intellectual aspect of the self ..." (*Visionseeker*, page 317.)

### Example:

The idea of a directing self in the head was originally theorized by Descartes, and is sometimes referred to as Cartesian dualism, Cartesian theater (CT), or Cartesian materialism (CM). In the 1970s, K. R. Popper and Nobel laureate J. C. Eccles developed a version of this idea called 'dualist interactionism'. They speculated that there was a self-conscious mind that interacts with areas in the cerebral hemisphere of the brain and that could cause the brain to implement its intentions, or could let the brain alone to do its job without interference. From our perspective, Popper and Eccles were on exactly the right track, but their theory was rejected primarily because the biological nature of the interaction could not be specified. The key biological features missing are: the self-aware triune nature of the brain was not incorporated into their model; the self-conscious mind is actually in a biological structure housed inside the primary cell; and the interaction between consciousness and the body processes is also inside the primary cell.

Popper and Eccles also missed that there are two kinds of conscious awareness. Other theories tended to focus on the observing CoA aspect of consciousness, and so the different theories could not be reconciled because

there were actually two totally different phenomena happening simultaneously.

### Genes and Human Consciousness

It is possible to understand the biology of human consciousness at a very fundamental level: it is intrinsic to the chromosomes themselves. To demonstrate this requires two conditions: the observer has to be able to use the Primary Cell state to observe and merge with genes; and one has to be able to locate and know how to heal a defective gene protein coating (a histone) using the state. This latter condition is critical, because a healthy gene's consciousness simply blends in with the other genes consciousnesses to form the single consciousness of the chromosomes. To repeat this for emphasis, genes that are working properly don't feel like they have a unique awareness; they share a collective consciousness (a group awareness) that we experience as human-feeling consciousness itself. However, when merging one's CoA with an *impaired* gene coating and gene, one finds that they feel like a person but with a very limited consciousness. It possesses an attitude about its own existence and damage. As one heals the gene, its individual traumatized awareness fades into the overall awareness of the rest of the chromosomes.

It is the group consciousness of the genes that gives the sensation that the egg feels like a young version of the mother, and the sperm a young version of the father.

#### Example:

One of my colleagues was healing a 'hole' in a client. Holes are regions in a person's body which radiate a feeling of horrible, deficient emptiness. (They typically 'look' like black bottomless pits, hence the name.) Although most people have them, people create defenses to the emptiness so strongly that the holes are usually not found without deliberate inner exploration. Holes are created by injury to the body, and healing the trauma of the injury event will dissolve them. However, this begs the question – what are they holes in? My colleague followed the trauma down into the nuclear material, and found fragmented, dead-feeling genes which had that feeling of deficient emptiness. Healing the pieces restored 'life' to the genes, and the hole healed without healing the associated trauma. Since locations in the body correspond to specific locations in the nucleus (or nucleolus), this therapist's observation implies that the converse is also true – a region of 'dead', absent nuclear material created a corresponding hole in the multi-celled body image. Was the traumatic injury the cause of the gene damage or the result of already 'dead' genes? I don't know, but I suspect the genes experienced the originating injury as if were happening to them, causing them to fragment and 'die'.

### *Organelle Consciousness*

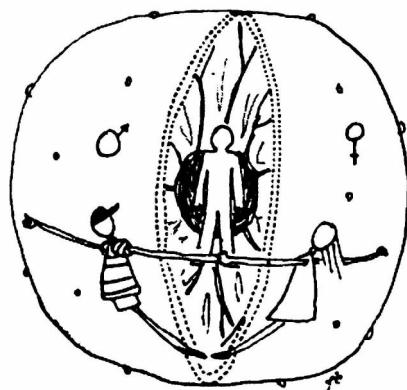
Before we ran the experiments in this chapter, I assumed that genes wouldn't have had any consciousness at all, or if they did, it would be very strange and non-human. However, the exact opposite is true. The sensation of genetic consciousness is one that we're all intimately familiar with – it feels human. It forms the basis of human consciousness itself. However, it *is* completely different from that of the cellular organelles' consciousness. As I've said, in average consciousness the organelles and their multicellular triune brain counterparts feel like human children. However, this is due to a linkage they still have with genes they carry from an early precellular stage. When this linkage heals, and the overlay of the gene awareness is ended, the organelles move into the Sacred Beings state where they regain their large, sacred, nonhuman consciousness (described in Chapter 11). This bears absolutely no resemblance to ordinary, human consciousness. It's the difference between the sensations you might get when looking at a totem pole and those of a person standing beside it.

### **The Nucleolus is the Biological Basis for the Directing Self**

The biological basis for the directing self turned out to be quite a surprise, and a review of basic cell biology is needed to understand what it is. As I've previously explained, the subconscious awarenesses of the organelles in the cell extend their awarenesses out into the triune brains; thus, these structures can't be the source of conscious awareness. However, you may have noticed that I had omitted mentioning chromosomes inside the cell's nucleus in Chapter 3's discussion of organelles: in spite of appearances, it turns out that the material inside of the nucleus is *not* part of the consciousness of that organelle. Instead, the nucleus acts like a gateway to its interior: the membrane that encloses the chromosomes has thousands of gated openings, called nuclear pore complexes, that allow molecules to flow in and out by opening and closing at appropriate times. The interior contains many sub-structures along with the chromosomes. (More precisely, the chromosomes are covered with proteins called histones; the resulting strands are called chromatin.) The chromosomes gather together at 'nuclear organizing regions' along their length. The nucleus's interior has an unusual structure – it is reminiscent of a ball suspended within a ball. The inner ball, a sub-organelle called the (true) nucleolus, is a clump of chromosomes that look like a ball of yarn. The genes in the nucleolus are responsible for creating ribosome subunits, and proteins used for cell cycle regulation, DNA damage repair and other tasks. Some studies suggest that the nucleolus may also be involved with cellular aging, and therefore may affect the aging of an organism.

The key experiments that shed light on the biological basis of the directing self occurred in 2005. In Chapter 3, I explained that if one puts one's CoA inside different organelles using the Primary Cell state, one's CoA shows up in the location of the corresponding triune brain awareness. Similarly, several of my colleagues also found that if they put their CoA into the nucleolus, their CoA would also appear inside their physical body. However, unlike the triune brain organelles, movement of the CoA inside the nucleolus (and its surrounding

chromatin) results in a corresponding one-to-one movement inside their whole body. In other words, one can find a location in the interior of the nucleus that corresponds to any spot in the physical body. Functionally, this makes sense because genes in particular places in the nucleus have to express to activate functions in particular places of the cell, essentially mapping the physical space in the cell – and the rest of the body is experientially just a scaled up version of the primary cell.



*Figure 6.1:* The nucleus with a view of the nucleolus inside. The boy and girl symbolize the child-like male and female triune brain awarenesses of the nuclear membrane, with the adult directing self awareness in the nucleolus.

Shortly after discovering this correspondence, we ran another test that shed more light on this finding. We regressed a volunteer to birth and had her stay inside the nucleus of the primary cell during it. Surprisingly, she experienced birth from the nucleolus's perspective *as if it were the actual baby itself!* It's as if (from the nucleolus's perspective) it was actually the baby going through birth, instead of being a nucleolus inside the baby. Everyone we've checked since then also has this same misperception. It was at this point that we discovered a very disturbing fact about this correspondence – the events that the actual baby experienced were inappropriately fed back into the experience of the nucleolus itself. During the birth transition from placental oxygenation to air breathing, the nucleolus felt that it was also supposed to start breathing air. This birth experience caused the ways that the nuclear membrane's pores (its 'airways') supplied the nucleolus with metabolic fuel, as if the nucleus was also trying to make a shift to breathing air. Unfortunately, all this did was to cause the pores to stop working correctly, and to start what appeared to be a long-term, slow process of intracellular degradation that is probably one of the key mechanisms for aging.

From a purely theoretical perspective, one might have predicted this conclusion that the directing self was in the genes and the nucleolus, by recalling that the primary cell sets the pattern for the entire body, and as well is the seat of consciousness for it. Thus, where in the cell is an organelle that ‘directs’ the rest of the cell? It is in the nucleolus in the primary cell. Although the biologist Bruce Lipton correctly deduced that cells in the body are actually controlled from their external environment by stimulations to their outer membranes, he did not realize that there was a key exception – the primary cell from which all other cells get their instructions. To see this, we can look at human cells that we know respond to both external and internal signals – the single-celled sperm, egg, or zygote. In these cells, it is clear that genes in the nucleus trigger ‘what to do’ and how to do it as they express at appropriate times, since there are no other cells around them to send any chemical messages to them. Since the primary cell arises from the single-celled zygote, this pattern continues through fetal development.

This relationship between the chromosomes and the directing self can be seen in another way. While observing the interior of the nucleolus in the primary cell, if one decided to move an arm or leg, one can watch the genes move outwards to the edge of the nuclear membrane to create mRNA strings. If one moves a limb on the right, genes on the male side of the nucleus express; if on the left, genes on the female side do so.

In summary, the directing self has its origin in the nucleolus of the primary cell. Like the other awarenesses in the primary cell, the nucleolus experiences itself as being the entire person, rather than being just a part of a single cell in the body. This leads to a confusing superposition of awareness: of one’s body, and of one’s internal and external cellular environment.

### The Nucleolus and the Being the Body State

The perceptual confusion that the nucleolus has during birth – that it is the baby rather than just a part of a cell – has staggering implications. This intracellular event at birth contributes to the separation of consciousness between the directing self (nucleolus) and the triune brains (intracellular organelles) that we’ve found starts at birth and increases with age. A fusion of awarenesses between the nucleolus and the organelles is equivalent to saying one has an ideal transport of intracellular material through the nuclear membrane to the nucleolus – an effortless, perfect communication. By analogy, the nucleolus can ‘hang back’ or it can move right in and fully participate with the others. As the nucleolus is healed, it expands and filaments tie into the boundaries of the nuclear wall, giving a very unusual appearance to the nucleus.

This model explains why many of our volunteers found that when they had a new state they didn’t feel a profound difference in their core self – the intracellular process that corresponded to the peak state was now working correctly, but their nuclear pores were still inhibiting optimum transfer of the products of the process. This physical blockage corresponds to a block to awareness, since in a biological sense the flow of these substances is how the

cell stays aware of its environment. Other volunteers who were not inhibiting this transfer at the pores experienced profound change in their sense of self when the particular metabolic path that corresponded to the peak state flowed without restriction. One way to describe this experience is to say they felt like they stopped being a separate consciousness with a body and became their body itself. We currently call this the 'Being the Body' state.

There are roughly 2,500 to 5000 nuclear pores, each responsible for the passage of different proteins to various parts of the cell. Two different problems resulting from pore restrictions can thus be predicted: a global sense of disconnection from one's own body and states due to various degrees of impairment at every pore, as previously mentioned; and a sense of separation from particular peak states due to impairment at the specific pores that should have been interacting with the corresponding area of the cell. This latter problem will be covered in depth in Chapter 18 on unusual peak state blocks. This latter case exists in a more drastic and very common form – a trauma's underlying biological mechanism actually causes a pore to seal, inhibiting any flow through it whatsoever (see Chapter 4).

### **Multiple Personality Disorder and the 'Essence of Self' state**

One of the ways to test a model is to look at the implications and see if they are true. If the directing self is in the nucleolus, there should be a testable implication. And there is. It turns out that there is a simple disorder of the nucleolus that causes a severe and surprisingly common problem in people – multiple personality disorder (MPD).

There is an unusual peak ability that allows one to 'see' in the present an average person as three golden columns of different heights located side by side (the 'Seeing Columns of Self' ability). One outer column feels like the person's mother, the other outer column feels like the person's father, while the center column feels like the person. Each column is a visual representation of a composite awareness of genes in the nucleolus – and unfortunately, this perception isn't fantasy. The person actually has these grouping of gene consciousness with their 'directing selves' into the present. Thus, in a fundamental way, we don't leave our parents behind but rather carry them inside us! Of course, these are the gene bundles of the sperm and egg, but for all practical purposes they feel like the parents. The height of the respective columns represents how much of each is present. We've seen examples where the person has hardly any central column of their own self. People are used to living this way, but in well-adjusted people it shows up as symptoms of tiredness, distraction and lack of focus, and in others it probably creates more severe symptoms that we haven't yet identified.

The developmental events model explains this phenomenon beautifully. The columns turn out to be a visual representation of the vertical columns of chromosomes that gather during the conception stage. The three columns represent the degree of proper merging that went on at that time. Using regression healing on this event causes the mother and father columns to

decrease in size until they vanish, while the central column lengthens to incorporate them. It's a very strange sensation from the client's perspective. The father's presence fills the entire right half of the body from the vertical centerline outwards. The mother's presence fills the left side. During the event, the sense of our own identity first appears in the midline, and slowly expands outwards to the edges of the body as it replaces the sensation of the parents. Unfortunately, almost everyone retains separate columns from the sperm and egg genes, unless this problem is deliberately healed.

This also answered another question that we had about healing techniques that have the client focus on the central vertical internal axis of their body to get their effects. Why there, and what were they trying to do? It turns out that the client's column of self, when not fully functional, is located along that central vertical axis of the body. However, after the nucleolus is healed, the column expands past the boundaries of the body in every direction.

How does multiple personality disorder fit into this? Not only does the average person start out with three dominant selves, the self that they do have can be 'fractured' or 'split' at the level of the nucleolus. Looking at the columns of self, one sees splits or cracks in the central column that corresponds to multiple personalities. One can actually look in the primary cell with the Primary Cell state and see the splitting at the nucleolus, and not just via the representation of the columns. Surprisingly, about 70% of our students have the multiple personality problem to one degree or another. Healing the nucleolus solves both the MPD problem and the problem of the parental selves. (Note that there are other MPD-like problems that people can have. However, this is the dominant mechanism. These issues are covered in depth in Volume 3.) Until we can identify a dominant characteristic, we're choosing to call the completed, unified directing nucleolus consciousness the Essence of Self state.

### The Hearing the Brains State

In Volume 1, I described how it was possible to 'hear' one's own triune brains communicating with each other or to oneself. I call this the 'Hearing the Brains' state for obvious reasons. (This state was called the 'Brains Communicate' state in Volume 1, first edition). To understand how this is possible requires the recognition that the directing self is in the nucleolus – this is 'who' is listening to the triune brain organelles inside the primary cell.

Tal Laks first derived the key developmental events for acquiring this state in 2006. To our surprise, acquiring this state only involved the healing of an event in the precellular heart organelle. In hindsight this makes sense from the viewpoint of primary-cell biology. Recall that the 'self' that is listening is the genes themselves inside the nucleus of the primary cell. The triune brains that are communicating with the 'self' are actually the organelles inside the primary cell. From a physical, biological viewpoint, the genes communicate to the rest of the cell via the use of RNA that is sent out into the protoplasm. As you've learned, the RNA is part of the heart organelle consciousness. Hence, communication that can be interpreted as language from the triune brains is

actually mediated by intracellular transmission of RNA. Hence, the key to ‘hearing’ the brains rests in healing relevant trauma blocks in the development of the precellular heart organelle itself.

### **CAUTION**

*The Silent Mind state needs to be acquired before the Hearing the Brains state. If this is not done, it becomes very difficult or impossible to determine the source of the communications. This can also act to worsen relationships with one's own triune brains.*

### **The Solar Plexus Brain, the Mitochondria, and Genes**

We have seen how genes, as part of the nucleolus, are the source of our conscious directing self. However, there is another set of structures in the cell that has genes – the mitochondria, which correspond to the solar plexus brain. Thus, one might suspect that this brain may have unusual or unique characteristics involving consciousness because of its intracellular nature – and this speculation is totally correct.

Normally, just like with the other intracellular organelle brains, the many physically separated mitochondria in the cell share a single composite awareness among themselves, and many cells in turn form a macro-scale solar plexus triune brain. However, unlike other organelle brains, the mitochondria have their own genes. As we’ve said, genes are the source of a ‘human-feeling’ consciousness. Thus, the mitochondria’s small amount of genetic material gives them a limited, simple human consciousness of their own.

Unfortunately, as with nuclear genes, mitochondrial gene expression can become inhibited or distorted. Damaged mitochondria become separated from the collective identity, and we almost always see several mitochondria with similar damage. These injured mitochondria form a sort of dysfunctional ‘tribal’ group self-awareness, one that is separate from the main mitochondrial collective’s. Mitochondrial damage results in many serious and severe symptoms in our bodies. The underlying physical sensation is the presence of ‘vortices’. Our Crosby Vortex Technique™ was designed to heal this form of injury. This is covered in detail in Volume 3.

### **WARNING**

*Activated mitochondrial damage can be extremely difficult to heal and can cause extreme symptoms. It should be done only by trained professionals or with competent assistance.*

A very radical peak state is also involved with optimum functioning of the mitochondria. We currently call it the ‘Self Neutralization’ state – but as we’re still investigating it, more will have to wait until the next edition of this book.

### How Valid Is the Directing Self Model?

With cutting-edge work of this kind, the reader should constantly be asking the author, “How confident are you that the models you’ve built are correct?” However, this question doesn’t always have a simple answer. As this work is totally original, it can’t be verified or disproved by reference to any other existing work that I know of. It will take years, perhaps decades, before it could be considered verified by independent peer review and all the implications fully explored and exploited. (In fact, one of the reasons that I’ve written this textbook is to allow others the opportunity to check my results!) It took extensive, time-consuming, difficult and painful training (and unusual states) to do the experiments I’ve described. Since only a handful of volunteers doing this in their spare time participated, I fully expect that in the next edition I’ll have to change (or expand) some parts of this chapter as I gain more experiential data.

However, the model that I’ve presented here beautifully explains my current observations and experimental results, fits in with the existing body of work, doesn’t contradict any of the data, and has allowed me to come up with solutions to unusual problems that my students have run into when healing themselves or their clients. Thus, as of today, it has proved useful in generating processes that work.

Turning attention away from peak states and towards other questions of consciousness reveals a limitation to the existing models in this textbook. Specifically, the relationship between intracellular organelle biology, and the abilities that the multi-cellular brain confers, remains undefined. However, we do know that information from the body, be it sensory data or memory, is passed to the nucleolus via chemicals that enter via the nuclear pores – blockages of the pores and related genes show up as sensory or cognitive impairment. Thus, the astounding complexity of the sensory data received or stored in our bodies is pre-processed by our multi-cellular brain structures into chemical data that can be transmitted into our primary cell. If data can’t be transformed in this way, then ‘we’ as the primary cell cannot perceive it.

However, a review of the literature on brain biology shows that there are three qualities of consciousness that appear to be dependent on brain complexity and activity, and not just on the primary cell – what the neurologist Adam Zeman calls ‘self-recognition’, ‘insight’, and ‘awareness of awareness’.

The first limitation involves self-recognition in humans and other species. The model that the nucleolus is the core of the directing self implies that animals, humans and other organisms all share the same guiding mechanism. The number of genes in humans and other mammals is virtually identical, after all. When your dog looks you in the eyes, or your cat strolls over for petting, they exhibit just this kind of self. Moved by how they feel inside, changes in their surroundings, and whatever traumas they’ve suffered, they act in the world. However, Dr. Zeman points out that only a few animals exhibit self-recognition in the human sense of the word. Using a variety of experiments, researchers have found that only chimps, orangutans, gorillas, and children over 18 months old exhibit recognizable signs of self-recognition. (Personally, I tend to doubt this

result, based on watching pets interact. But let us assume it is true for this discussion.) In our own species, children at 18 months first develop the ‘idea of me’, the first-person pronoun, along with self-evaluative emotions, and the wish to comfort distressed companions. Clearly, the nuclear material hasn’t changed, so there must be an important multicelled component to the answer. Also, self-recognition, in the sense of introspection, isn’t continuous in people – much of the time we’re not aware of ourselves, we just respond to the environment around us, just as our own pets do.

The second limitation also involves differences in species. Dr. Zeman feels that humans have a unique ability – what he called an awareness of awareness – that he feels is gained by children between the ages of three and five years old. Since the primary cells of various species are probably very similar, and consciousness depends on the primary cells, how is this difference possible?

The third limitation has to do with the relationship between intracellular processes, the CoA, and multicelled brain injury. “The victims of frontal lobe injury are usually blithely unaware of their predicament: the ability to monitor and adjust their own behavior – ‘insight’ – is precisely what they have lost.” (Zeman, page 64.) Clearly, intracellular processes would not directly depend on any damage to multicelled brain structure. Yet our work has shown that they are primary. Based on our observations that traumatic events can damage gene histones, it is quite likely that the organelles damaged themselves in response to this brain injury. Clearly, more work needs to be done on this sort of question.

Answers to these questions about brain development and species differentiation may or may not be relevant to peak states. However, answering them is clearly important, and could conceivably lead to an even better understanding of peak states in ways that I’ve not even yet imagined.

## Key Points

- Conscious awareness is composed of an observing CoA self and a directing self. The CoA self is our passive awareness. The directing self is the part of our self that decides to move, act, or do.
- Genes are the basis for our human-feeling awareness. The consciousness of membranes feels totally non-human by contrast.
- The directing self originates directly from the nucleolus. No particular body organ appears to be a multi-celled expression of it.
- A group of damaged mitochondria can form a (somewhat) separate, individual awareness, breaking away from their normally unified consciousness with all other mitochondria.
- The nuclear membrane has its own awareness and function that is distinct from that of the nucleolus.
- Most people’s genes are not correctly integrated into the nucleus or other cellular structures. Integrating them gives a sense that we are our body, and not separate from it, in a state that we call Being the Body.

- Multiple personality disorder (equivalently, dissociative identity disorder) is a problem of the directing self. It is caused by damage in the connections between chromosomes in the nucleus.
- ‘Verbal’ communication with the triune brains occurs when mRNA optimally travels between the chromosomes and the organelles.

## Suggested Reading and Websites

### Cellular biology and genetics

- David Bainbridge, *The X in Sex: How the X Chromosome Controls Our Lives*, Harvard University Press, 2003.
- William Clark, *The New Healers: The Promise and Problems of Molecular Medicine in the Twenty-First Century*, Oxford University Press, 1997.
- Franklin Harold, *The Way of the Cell: Molecules, Organisms and the Order of Life*, Oxford University Press, 2001. Good review of evolutionary biology and cell structures for well-educated laypeople. He also correctly emphasizes the importance of membranes (as separate from genes) in the development of a cell.
- Bruce Lipton, *The Biology of Belief: Unleashing the Power of Consciousness, Matter and Miracles*, Mountain of Love, 2005.
- Nicholas Wade, *Lifescrypt: How the Human Genome Discoveries Will Transform Medicine and Enhance Your Health*, Simon and Schuster, 2001. A summary of genetic research, written by a New York Times reporter.

### Neurology and studies of consciousness

- Antonio Damasio, *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, Harcourt Brace and Company, 1999. An interesting derivation of consciousness built up hierarchically. He omits any triune brain material.
- Adam Zeman, *Consciousness: A User's Guide*, Yale University Press, 2002. Good overview of conventional neurological and psychological studies on the brain, but omits any triune brain material.

### The dualist interactionism theory of consciousness

- K. R. Popper and J. C. Eccles, *The Self and its Brain*, Springer, 1977.
- J. C. Eccles, *How the Self Controls its Brain*, Springer-Verlag, 1994.

### Hawaiian shamanism

- Serge King, *Kahuna Healing*, Theosophical Publishing House, 1983.
- Hank Wesselman, *Visionseeker: Shared Wisdom from the Place of Refuge*, Hay House, 2001.

**Healing or peak state techniques involving a ‘central column’ in the body**

- Rick Prater, *Bridge to Superconsciousness*, Source Publications, 1999.

**On holes**

- Cory Sea, *Seawork: Radical Tissue Transformation*, 1996. May be purchased at [www.brightseas.com](http://www.brightseas.com). Contains Dr. Sea’s approach to healing holes, and his personal story of being all ‘hole’.
- Grant McFetridge and Mary Pellicer, *The Basic Whole-Hearted Healing™ Manual*, ISPS Press, 2004.

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### Claiming Your Birthright: The Transpersonal Realms of Existence and Their States

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When I first started this research over 20 years ago, I was just trying to recover my recently lost, lifelong Beauty Way state. Average consciousness was a torment without the sensations of aliveness and inner peace I had grown up with. As I did a variety of spiritual, shamanic and healing practices I started to get unfamiliar (at the time), continuous peak states of consciousness. But something even more extraordinary and unexpected started to happen in the course of my healing. I'd encounter non-physical 'places' outside of myself involving tremendously immense and strange kinds of consciousnesses. At first, I was just like a tourist going on a visit to these 'realms'. However, eventually I started to realize that those places held awarenesses that were supposed to be part of me in my everyday life. As I went further, I also realized that I'd had them *in utero*, and what I considered 'normal' was actually a continuous, terrible loss of what I should be. During this period, I faced many intense and frightening experiences of annihilation. Since the method I had developed – trauma healing of developmental events – was completely new, I had no guide to explain to me what was supposed to happen. And as I was getting into states and realms that covered the entire spectrum of spiritual and shamanic practices, no single spiritual path was very helpful. Each of these changes took time to adjust to, but each was accompanied by the loss of subtle, deep kinds of pain in my being. As I got used to each change in turn, I finally hit one that was so fundamental there seemed no possibility that 'I' would get used to it – my triune brains regained their 'sacred beings' state in an abrupt change that completely destroyed my sense of being a human being at all.

As I sit here typing this page, I find myself using dry, academic words to describe concepts that involve literally overwhelming sensations, experiences and changes to ones fundamental self. Only a few years ago I would have read this sort of material with indifference or disbelief, and it might have even caused me to question the author's sanity. For example, I recall a time when I didn't

believe that the Creator existed – yet now I routinely put ordinary people into direct communion with it so that they can experience it and ask questions of it themselves. I had never felt the sensation of the Sacred nor believed it was even possible to do so until I unblocked the state and experienced myself as a huge living totem pole, a sacred being having a physical life, standing in a floodlight from the realm of the Creator. I was baffled by all the conflicting beliefs about healing, yet now I have induced regenerative healing in myself and others, and I am aware of the planetary consciousness that directs us to accomplish it. Even though I still have questions and areas that I don't yet understand, I can share with you the developmental events model, which gives one a solid framework to stand on and from which to explore further.

Human beings are designed to be a fusion of these realms of non-physical existence, and now, with the advent of powerful trauma-healing processes, our developmental events model, and a little work, all of us can personally experience these mysteries directly. We no longer have to rely on dogma or others' stories – instead, we can explore these realms of being *ourselves*. I want to stress that the material in this volume allows most of us to do this in a predictable, understandable and timely fashion, no longer limited by luck, uncertain processes, and confusion. However, our explorations are not done, and my hope is that you will follow and expand on my work, and help turn mystery into science, superstition into knowledge, and suffering into ease and harmony for yourself and all of humanity.

## Chapter Overview

In Volume 1, I primarily focused on triune brain fusion peak states that have a clear biological basis and are critical for a stable foundation in peak states work. Volume 2 covers a much broader set of states, ones that are not so obviously tied to biological processes. These spiritual and shamanic peak states are not just a random collection of unusual sensations or abilities. Instead, a person experiences them when he is able to connect to the experiential nature and different qualities of a few non-human transpersonal 'realms' of consciousness. These realms and the awarenesses in them have their own existence that is independent of humanity itself – they are *not* some sort of unusual aspects of our own personal consciousness that vanish when we die.

This chapter starts with a brief overview of the realms that we've found so far: Gaia, the planetary consciousness; the species consciousnesses; the Sacred; the Void; the Creator; and the oversouls which connect past and future lives together. Obviously, in secular Western culture these realms are considered either myths or unknowable mysteries, involving as they do phenomena that go beyond our physical human existence. The various realms are experiential and not just theoretical – they tend to be experienced in different directions from one's body as one becomes aware of them. When resistances are fully healed, the realms merge completely with one's body and consciousness.

The peak states described in this textbook are grouped by chapters about individual realms, and not by any surface similarities of peak state

characteristics. This allows one to understand in depth the underlying, fundamental cause of the states, and to see how each state expresses the part of the particular realm that it accesses. The realms are further grouped into two categories – spiritual or shamanic. I consider the realms of Gaia, the species consciousness, and the Sacred to be shamanic because of their emphasis on the body – the CoA has to access them via the triune brain awarenesses. The realms of the Creator, Void, and Oversoul can be considered spiritual because the CoA can access these realms directly without using the body as an intermediary.

In general, models or maps from different spiritual and shamanic traditions are developed from observations based on the techniques these traditions use to access the phenomena. Any given technique allows perception in some areas but unfortunately limits it in others, distorting the resulting maps and models. This chapter uses some representative traditional and modern models and maps of spiritual reality to illustrate this problem.

Aside from reasons of technique limitation, tradition, or cultural bias, different paths tend to omit different realms and states because of personal psychological factors. We will discuss some of the more obvious and some less obvious ones. The developmental events model for peak states is unique in that it is technique independent. Thus, it gives us a new way to comprehensively find realms and their states, and so allows us to generate a map that isn't limited by technique, tradition, or any other factor. This approach has also led to the discovery that these realms actually do have a physical, biological basis either from past developmental stages or inside the primary cell. This applies to more than just the realms – it is a general principle called the ‘transpersonal biology’ model that applies to all of the transpersonal experiences we've studied.

### **Applying the Developmental Events Model to Non-Physical Phenomena**

I've had a number of people tell me that it is impossible to understand non-physical spiritual or shamanic phenomena by looking at or using the physical world. In particular, they believe that our physical developmental events model can't be used to explore 'spiritual reality'. In actuality, the developmental events model (and the techniques derived from it) is the best way that I know of to explore these phenomena. Why? First of all, we can use this model to regain the states and abilities that allow us to 'see' or perceive these non-physical phenomena. Better yet, we can also restore the states that give us direct communion with whatever non-physical realms exist. From a researcher's viewpoint, the work in this book is a dream come true. No longer do we have to depend on others for our data – we can relatively rapidly put ourselves and our experimental subjects into these states and acquire these abilities.

Yet, aren't the non-physical realms that might exist unknowable by definition? No. To understand why, let's use an analogy. Radio waves cannot be touched, smelled, or detected in any way by our senses. Yet, we can build physical devices that interact with these 'invisible realms' of radio, and we take this completely for granted as we place a call on our cell phone. Similarly, our bodies are built to 'tune into' these realms and experiences. The developmental

events model allows us to find and repair the equipment in our bodies that was shipped ‘broken from the factory’, and get it back to work. There is also another important reason why this is true, as we’ve discussed previously. Non-physical phenomena actually have a physical, biological basis in the primary cell. Thus, rather than being intrinsically mysterious, these perceptions can be studied and understood by Western science.

### *Manipulating Non-Physical Phenomena*

Healing relevant developmental events gives us the ability to access and explore the non-physical realms via states, abilities, and gateway experiences. More amazingly, it can also give us the ability to directly perceive and control other non-physical phenomena. This is possible because these are natural abilities of the body brain. For example, it has an intrinsic telekinetic ability (actually, this involves the movement of biological objects inside the primary cell, the perception of which is superimposed on the outer world). Unfortunately, traumatic associations block these abilities in the typical person. Although self-aware, the body brain doesn’t think in a logical fashion. Instead, it thinks by associating sensations together. Thus, if it associates the sensations of an ability with a painful experience, it *avoids* that ability in the future. This problem of associating logically unrelated experiences together also applies to the other brains, although to a lesser extent.

In addition, the way the body brain thinks can cause another, worse set of problems related to non-physical phenomena. Key developmental events, when experienced with trauma, can cause the body to try to duplicate in the present the sensations that it had in the past, often with disastrous results. This *recreation* of old traumatic sensations I call the ‘sensate substitute’ problem. This is a bad enough problem when the substitute is something from the physical world, but it becomes much harder to understand when the substitute is something at the primary cell level that is apparently non-physical. Two examples of this are the skin boundary sensation and the presence of involuntary mind chatter (Volume 3).

### **Non-Physical Realms of Existence and Extraordinary Peak States**

Extraordinary spiritual and shamanic peak states of consciousness give us unusual and unique kinds of internal feelings, awarenesses, and abilities that for the most part are outside of our Western paradigm. Although we could just make a long list of the various spiritual or shamanic peak states, it turns out that they reflect a simpler, more fundamental underlying organizing principle at work. The states exist as lesser or greater degrees of merging with – and access to various aspects of – just a few non-physical, transpersonal *realms* of existence. I define this term experientially – these realms each contain an awareness or consciousness that has a reality that is independent of our own average consciousness, yet can (and should) be fully incorporated into us.

The fundamental realms that we have identified so far (there may well be others) are:

- The realm of Gaia, the planetary consciousness: Gaia consciousness is a composite awareness made up of all living organisms, from viruses to people. It directs each organism in how it is supposed to develop and grow. By analogy, Gaia is similar to our own body awareness, which also maintains and directs the growth and life cycles of our own personal cellular colony we think of as our body. Gaia radiates a loving sensation (see Chapter 9).
- The realm of Species Consciousnesses: Each species' genes have a consciousness of their own. The human genome can be accessed either by using regression, or via the Inner Harmony peak state of consciousness. These species consciousnesses are subsets of Gaia consciousness.
- The realm of the Sacred: Our triune brains are actually membrane-based consciousnesses that perceive themselves as existing in a non-physical, empty space which has a bright fluorescent black illumination. These beings, and the environment they exist in, feel sacred (see Chapter 11).
- The realm of the Void: This is a 'place' that is completely vacant of anything, yet it is paradoxically the place from which everything can arise. This realm is described in Buddhist philosophy (see Chapter 12).
- The realm of the Creator: The Creator is the awareness that is encountered during a near-death experience, and which forms the basis of Judeo-Christian thought – it gives sensations of bliss. This realm also has a physical basis that can be accessed through regression (see Chapter 13).
- The realm of the Oversouls: The oversoul is a gateway into all of a person's past and future lives. Merging with one's oversoul results in becoming aware of all of one's lives simultaneously. This realm has a physical basis (see Chapter 14). Primary cell awarenesses also appear to have an 'area' in this realm where they can be experienced as if they were all adjacent to each other.

There are two kinds of peak states derived from these realms. The first and most fundamental kind is caused by a direct fusion with the realms, which gives a total of six possible states. However, we don't acquire access to the realms later in life – instead, we are part of these fundamental realms *from our beginning* during the creation of the precellular organelles. Essentially, we are the superposition of these fundamental realms of consciousness. We don't need to grow more complex for this basic step, because the realms themselves are part of us.

The second kind of peak states occurs later, as we grow in biological complexity and become able to incorporate more of what these fundamental realms involve. There are considerably more of this second kind of peak states. To give an analogy to this situation, a newborn baby can make sounds from birth

(a basic ‘realm’), but needs to get older before he can talk, sing, and whistle (its relevant peak states).

Unfortunately, after birth these basic connections to the realms and the many peak states that involve them are usually blocked by traumas. (An equivalent way of saying this is that the cell mechanisms that interact with the realms are not functioning properly.) In practice, when using regression we generally recover the two different kinds of peak states in slightly different ways. For most people, the traumatic blocks to the realms occur during the very earliest events in the creation of the person’s biological structure. Thus, it is simplest to start from the moment of the creation of the observing self, and move slowly forward in time, healing any traumas that suddenly block unity with the realm in question. States of the second kind are usually regained by focusing on the specific moments of development when these states first appear.

We’ve also identified other realms of existence, but these realms lack consciousnesses that can be incorporated into our own. Examples are the realms that can be accessed during ‘gateway events’, such as the realm of the archetypes (described in Volume 1). There is also a host of individual realms that have the same underlying structure as the realm of the Creator, but apparently lack any self-awareness (see Chapter 12). Access to these kinds of realms doesn’t confer any peak states of consciousness that I know of, so for this reason I don’t include them in this book.

### **Definition: Realm**

The term ‘realm’ applies to fundamental kinds of non-physical ‘places’ that are experienced as outside and independent of human beings. The realms that are relevant to peak states each contain an awareness or consciousness. These awarenesses can be perceptually experienced as having a location in various directions around oneself (unless they’ve been fully merged into one’s own being). The realms relevant to peak states that we’ve identified so far are: Gaia; the Human Species; the Sacred; the Void; the Creator; and the Oversoul.

### **The ‘Transpersonal Biology’ Model**

When we use transpersonal terminology like ‘realms’, one naturally assumes that they have no biological basis. However, this is not true. Over and over we’ve found that what are assumed to be totally non-physical phenomena actually have some sort of biological origin or substrate – and so do the realms. Some are relatively obvious: Gaia involves all primary cells on earth; and the species consciousness involves one’s own genetic material. The realm of the Sacred occurs because cell membranes have their own consciousness; and the Creator, Void, and the oversoul involve the structures found in the primary cell nuclear core, nuclear membrane chakras, and meridian networks in the primary cell.

In fact, virtually every transpersonal experience that we’ve studied turns out to have a biological basis, either from a development stage or from a perception

of the interior of the primary cell or its surroundings. We call this principle the ‘transpersonal biology’ model. Obviously, this model builds on the developmental events and primary cell models, and includes the wide range of transpersonal experiences not directly related to peak states of consciousness. For example, this and later chapters focus on the biological basis of the various realms, but the model also covers all other spiritual, shamanic and psychic perceptions. This includes such diverse phenomena as hell realms, encounters with evil, communication with the dead, the oversoul, and so on (as described in later chapters).

The transpersonal biology model says that all transpersonal phenomena have a biological basis, either in past developmental events or in the primary cell environment, or both. From an engineering perspective, this model is fully adequate to both reliably access transpersonal experiences and incorporate appropriate ones into consciousness. However, it doesn’t address a more fundamental question – in some cases, does the biology simply act as a receiver for more fundamental phenomena in the universe, rather than as its source, like a voice coming from a phone? In most cases the biology is clearly complete in itself, yet a few cases aren’t so clear-cut (such as the Creator). We have yet to formulate experiments that could determine the answer to this question.

### **Definition: The transpersonal biology model**

The transpersonal biology model defines physical, biological origins for transpersonal realms and experiences based on developmental events and corresponding structures in the primary cell. These transpersonal experiences include unusual phenomena such as experiences of the various transpersonal realms such as that of the Creator, of one’s ‘superconscious’ (or oversoul), of all of one’s past lives, of hell realms, of communication with the dead, and many others. This model covers all spiritual, shamanic and psychic experiences, not just those phenomena directly involved with peak states of consciousness.

### **The Realms Are Experiential**

So far, this discussion of realms may seem to be just a theoretical abstraction. Clearly, from average consciousness one doesn’t experience any of the realms in any way. However, when people actually start unblocking their awareness of the fundamental realms, another much more visceral experience usually occurs. As you stand upright, you can feel or sense each of these realms and their characteristic sensations in a different direction around yourself. Finally, when one eliminates the fundamental blocking traumas, the realms merge into one’s consciousness completely (changing it significantly), and are no longer experienced as outside in any direction.

### **Example:**

The characteristic sensations of a realm are occasionally encountered by people in average consciousness, but projected outwardly into the

environment they're in at that moment. The realm of the Sacred is particularly striking. One of our researchers who works as an ambulance attendant put words to the feeling of the sacred. "It's a sensation of being absolutely and completely life giving and life affirming." She always feels she is "on sacred ground" at the scenes of births and (paradoxically, given her definition) deaths. "The word 'inviolable' in Webster's definition seems to apply the best."

Unfortunately, there isn't a hard and fast map of unique directions in which a person will experience the realms. Although some realms tend to be found in consistent directions for everyone (i.e., the Creator is above and the realm of the Sacred is behind), other realms can be in different directions for different people. The variations our students describe are due to several factors. First, the person may not have unblocked the individual traumas involving each realm enough to even sense all of the realms. Second, they may have already merged a realm so completely into their consciousness that it is just part of themselves, and no longer perceived it in an external direction. Third, the physical trauma that blocked an awareness of a realm may have occurred in a particular direction that was unique to that person. And finally, the position of internal primary cell sub-structures corresponding also determines some directions. Given these caveats, our students generally find that the realm of the Creator is above and usually a bit to the front and right; the realm of the Sacred is behind; Gaia is to the right (or sometimes below); the Void is to the left but can sometimes be felt outside in the far distance in any direction; and the human species (genome) is in front. (The tribal block problem can cause one to perceive all of humanity as being in front of oneself – but this is very different experience from the timelessness of the human genome.) However, when you fully acquire the respective states, these realms become incorporated into yourself, and you no longer find them outside of yourself in any given direction.

#### Example:

This fascinating experience of feeling a direction to the various realms may well be the basis of at least two traditions that I know of: the Native American medicine wheel with its 'four directions' (actually, usually six and sometimes even more); and the West Central African Dagara 'cosmological wheel' with its five divisions. I can't say for certain if the directions are really realms, as the descriptions aren't a perfect fit. Instead, the directions are associated with things like colors, animals, and physical materials, and have other secular uses like personality typing and conflict resolution. To complicate matters, remember that these are traditional descriptions, and usually the people who currently teach about the directions don't know the realms from their own personal experience. For example, the specific qualities of a given direction can differ drastically between Native North American teachers.

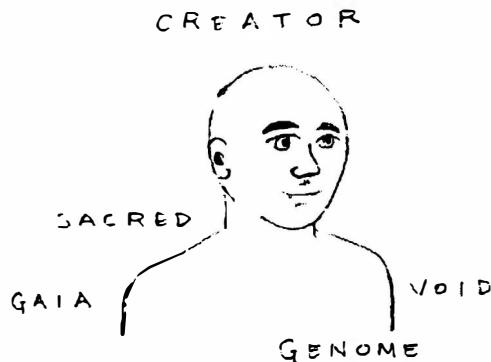


Figure 7.1: Kinesthetic locations of the realms with associated states.

There are other, more limited and temporary examples of this type of kinesthetic experience of realm locations. They occur when one accesses pre- or perinatal gateway events. For example, there is a gateway event where one connects to all of humanity, past, present and future in something we call the ‘humanity disc’. In it, you experience yourself as expanding into a gigantic ball-like structure, with the Creator filling the upper half of the ball and Gaia filling the lower half of the ball. If one were accessing this gateway, either consciously or unconsciously, one would instantly locate the Creator as being above and Gaia as being below.

This discussion of the realms could be taken to imply that only people in unusual peak states can sense them. Not so. Even through our resistances, most people still occasionally feel the different realms as if there were other people nearby who send us particular, wonderful feelings. We *can* feel Gaia’s love, and we *can* feel the Creator’s acceptance. There *are* ‘beings’ (for lack of a better word) greater than ourselves who do love us and accept us at every moment. We are not alone in this journey called life, regardless of what is occurring in our everyday world.

### Categorizing Realms (and Their States) As Either Spiritual or Shamanic

The words ‘shamanic’ and ‘spiritual’ are usually defined by using a simple cultural bias – practices from Native cultures are shamanic, and practices from ‘civilization’ are spiritual. This may be fine for cultural anthropologists, but does this help us identify which peak states and realms we can acquire from them? Knowing the answer to this would obviously be useful for researchers and students. In other words, if we want a particular state or realm, or want to learn how to use it, do we dress for the sweat lodge or the monastery?

To answer this question, in Volume 1 I gave a functional definition based on a very rough generalization – shamanic techniques typically focus on the body, while spiritual techniques focus away from the body. The material in this book now allows a more fundamental explanation. Shamanic techniques generally access realms (and their states) that are sensed only by the awarenesses of the

triune brains, who then pass on the experience to the CoA self. Spiritual techniques generally access the realms (and their states) that the CoA can sense directly – the triune brains cannot sense those realms themselves, although they can *inhibit* the awareness of the CoA. In other words, like speaks to like. The body speaks to the physical world and Gaia-related realms, while the soul speaks to the world of spirit and Creator-related realms. Of course, from our perspective, the trick lies in getting the CoA and triune brains to work together to incorporate the full spectrum of realms.

The realms and their states are distinct and totally different from each other, and they all exist simultaneously. Our natural state is one in which we consciously connect to *all* of these realms and their states. Some traditional techniques access both (or parts of both) groups of realms. Thus, it is possible that a teacher or tradition might work with both spiritual and shamanic realms and their associated states. However, cultural biases and limitations of technique tend to focus different cultures in different directions. They ignore or minimize experiences, states and realms that don't fit their needs or their beliefs. This dichotomy is especially true between traditional Native American cultures and Judeo-Christian Western cultures. It is less evident in some Asian cultures, which tend to accept a wider range of realms and states.

Since I'm writing for a predominantly Western audience, I've chosen to group the realms (and their associated states) in this textbook as being either spiritual or shamanic using my CoA based definition. Fortunately, as an approximate rule of thumb it usually matches the Western cultural definition. I find this categorization is also a useful way to see the overall picture. This classification scheme also has a practical use for my students. In general, if they want to talk to someone from a traditional background about a particular peak state, knowing whether it's in a spiritual or shamanic realm as I've defined it can eliminate some confusion and frustration. They *can* usually choose appropriately between the ashram and the sweat lodge. Of course even under the best of circumstances, students still face the problem that any given teacher won't recognize all possible states even in their own area of specialization.

### *Shamanic Realms and States*

I define shamanic realms (and their states) as ones that directly interact with the body's triune brains. These realms do *not* interact directly with the CoA self. To sense these realms requires one's CoA to merge with the body to some extent. However, these realms can only be perceived *indirectly* by the CoA self via the triune brains. The realm of Gaia is by far the most important shamanic realm. It is primary in issues involving emotional and physical healing. The relationship between Gaia and the developmental events model is critical in understanding all peak states, and is covered in great depth in Chapter 9.

The second shamanic realm is the 'realm of the Sacred'. It is accessed inwardly, through the triune brains who directly connect with it. This realm is the source of the sensation of internal or external sacredness that people feel either spontaneously or through spiritual practices.

I've included triune brain fusion states into the shamanic category, both because they directly involve the body and not the CoA, and because they are, to my knowledge, identified only in shamanic paths.

**Example:**

I was 29 when I lost my lifelong Beauty Way state. I went to every tradition I could find looking for someone who knew what I was talking about, and who could help me regain the state. My Buddhist teacher, Aitken Roshi, a warm and exceptional man who I feel very blessed to have known, had a different viewpoint based on the teachings he had received. His advice was to abandon my search. In his experience, states come and go, but I should ignore them and keep practicing, using Zazen, to get to Buddhist realization. In fact, I practiced with nearly a dozen different spiritual traditions, and each teacher gave nearly identical advice, although the state I was supposed to focus on was different in each case! Finally, during a conference on shamanism in the 1980s, I met Dr. Tom Pinkson, who instantly recognized the state I described, and knew its importance to shamanism. This led me to study in shamanic traditions, and eventually resulted in the material in Volume 1.

There are several states that don't involve a realm *per se*, but that do involve shamanic, body oriented non-physical phenomena. They are classified as 'sensate substitute' states: the No-Skin state eliminates the sensation of a skin boundary around the body; and the Silent Mind state eliminates all involuntary mind chatter. Both are excellent examples of 'non-physical' phenomena that actually have physical existence at the primary cell level. Volume 3 goes into this in depth.

***Spiritual Realms and States***

I defined 'spiritual' techniques as involving an *outward* orientation, away from the body, towards 'places' that exist outside of ourselves. Unlike the shamanic realms, all of these realms are perceived directly by our CoA self, *not* with the triune brain awarenesses (although the brains can inhibit the CoA's perceptions). To access these realms, we get a kinesthetic sensation of going somewhere away from our body, usually by using the OBE ability. Clearly, the Jewish, Christian and Moslem faiths focus attention upward and away to a God or Creator located in the heavens. It turns out that one can merge that level of being with the entire body, but until that happens it remains a connection to something 'upward' or far away in a kinesthetic sense.

This volume covers in detail what I consider the most important of the non-physical spiritual realms – the Creator. Unique sensations characterize this realm. The realm of the Creator is usually described as feeling 'holy' and full of bliss. This realm is involved with specific peak states, and specific issues such as our sense of self, the existence of trauma, and the choice between good and evil.

The realm of the Oversouls has major involvement with the spiritual Creator realm. It is involved with near-death experiences, past lives, communication with the dead, and the phenomenon of gods and goddesses. Because it is primarily accessed through the CoA, it is categorized as a spiritual realm. (Note, however, that both the Creator and the oversoul are biologically based, and so also have major interactions with the body and with Gaia.)

The Buddhist Void realm is also directly perceived with the CoA self. It is also experienced as away from the body. As its name implies, it feels completely empty, although it does have its own awareness.

Other spiritual ‘places’ exist; Chapter 12 explains what they are and how they are commonly accessed. However, to my present knowledge they don’t have relevance to our work with unblocking peak states, and they don’t meet my definition of having consciousnesses that should be part of our awareness, so I don’t cover them in this volume.

### **Non-Physical World Models Are Technique Dependent**

In my years of learning various spiritual and shamanic practices, I encountered a number of traditional models of non-physical reality. These wildly varied or were even contradictory, and every tradition I encountered completely omitted different major realms of existence from their model. When I in turn started to generate a new model of existence based upon my work with regression, I wanted to have one that *contained* all other models, so that a person studying ancient traditions could do so from a wider perspective. In the course of this, I realized something that in hindsight is pretty obvious – those traditional models were constructed *on the basis of their techniques* (and usually just a single key technique) that they used to access non-physical reality. Usually, this was the same technique that they also used to acquire the related peak states.

This reliance on technique to define a worldview is pretty understandable. You do such-and-so, and you get certain results, so you naturally build your cosmology or map of the universe around it. However, these traditions didn’t have our exposure to other traditions and methods, or our modern understanding of modeling and biology. It is easy to forget that our modern society has an understanding of the cell and prenatal biology that was *completely* absent from the cultures originating the traditions. Unlike them, we now have a very different way to acquire states and abilities that they never had – our developmental events model.

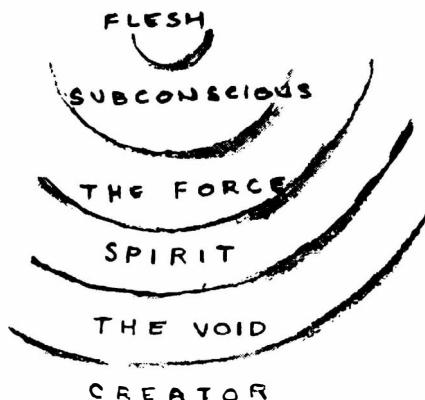
Using our model, we can access the entire range of non-physical states, experiences, and phenomena. First, this means that our range of states is limited only by the completeness of the latest mapping of the developmental stages. Secondly, our ‘cosmology’ isn’t limited to a particular technique, since we’re not just accessing the states with a technique, but rather healing our blocks to the states and realms at a more fundamental level.

I mention a few of the better-known traditional maps of spiritual reality below to illustrate the point of the problem of technique dependence. Obviously, many other traditional and current maps exist that I haven’t included.

### *Tom Brown, Jr.'s Shamanic Map*

Let me give an example of a traditional model of the cosmos derived from a dominant technique. Tom Brown, Jr. (whose work I greatly respect) teaches Native American spirituality and wilderness skills. His work is the best example of one of the two major approaches to shamanism – it emphasizes changing oneself in order to explore reality and to help others. He uses shamanic techniques for accessing Gaia and acquiring a variety of almost unbelievable physical abilities. One of the first processes he teaches has his students move their CoA into the solar plexus and then, with imagination, go along a path to a descending (or ascending) stairway. Movement down the path and the stairs is accompanied by the sensation of passing through barriers or veils that separate various shamanic realms and physical abilities. Using this technique, it is natural to model all of reality as a series of concentric spheres, reflecting the somewhat abrupt transitions on the path leading to these realms.

For example, at one of the veils the shaman experiences a sensation of the sacred. In our terms, this means that he has accessed the realm of the Sacred. Chapter 11 goes into material on the Sacred in depth.



*Figure 7.2: Tom Brown, Jr.'s map of non-physical reality is one of concentric spheres with the major divisions shown above. His 'Force' corresponds to our 'Gaia'. His Void probably corresponds to our Creator, and his Creator probably corresponds to our Void.*

### *Michael Harner's Shamanic Map*

Michael Harner, a dedicated anthropologist who studied shamans from many cultures throughout the world, is the best example of the other basic approach to shamanism. It does not emphasize radical personal change, but rather emphasizes using a 'shamanic state of consciousness' (from my perspective, a 'state' that uses the OBE ability and includes one or two peak states) to move through creation to interact with other kinds of beings. His map includes some of

the realms that I describe in this textbook. A shaman using his map first enters the ‘shamanic state of consciousness’ then enters one of three levels of existence, a ‘lower’, ‘middle’, and ‘upper’ world. The ‘middle world’ is the one we’re familiar with in our daily physical lives. A tribal shaman would go there to look for food animals or threats. The ‘upper world’ is accessed by going upwards out of the body. The lower world is entered by going down an imaginary tunnel into the earth, probably allowing access to an aspect of Gaia consciousness itself.

From an anthropologist’s viewpoint, the three-world model and the OBE technique used to access it are by definition shamanic since they come from traditional Native cultures. Confusingly, using my CoA-based definition Harner’s approach would be categorized as a spiritual rather than shamanic technique, since it emphasizes the direct use of the OBE and can access the ‘upper’ spiritual realms. However, it is a bit of a hybrid – it is primarily used to access Gaia consciousness in the ‘lower world’. Rather than create confusion between common usage and my definition, I’ll call it a shamanic tradition and point to the common usage to justify this position.

#### *Robert Monroe’s Spiritual Map*

The late Robert Monroe developed a contemporary model of reality. He mapped it by using the out-of-body experience (OBE), which he induced in his colleagues by using the ‘Hemisync’ binaural beat sound technology. His model and Harner’s model share two similarities. Both have a middle, physical world, where one can use the OBE to look at actual distant places. Monroe also uses his OBE technique to go to non-physical realms of existence that are organized into ‘bands’. Harner’s ‘upper world’ and Monroe’s ‘spiritual realms’ are almost certainly describing the same phenomenon. Both describe a large number of ‘places’ that can be visited this way.

We’ve also found the same ‘upper world’ structure that Harner and Monroe describe by healing particular prenatal trauma to acquire a continuous, wide-awake OBE ability. Chapter 12 describes what we found in detail. There are many upper ‘spiritual’ realms in these cosmologies, but as this book is about acquiring peak states of consciousness, I’ve only focused on the key spiritual (i.e., ‘upper world’) realms – that of the Creator and that of the Void. (Note that it is possible to access at least one of those ‘places’ – the Creator level – by healing developmental events instead of using an OBE technique.)

#### *Tibetan Buddhism’s Map Contains Spiritual and Shamanic Elements*

As of this writing, we’ve only just started identifying Buddhist states in terms of our model. The complex Tibetan Buddhist cosmology is of particular interest to me. Historically, Buddhism was incorporated into existing Tibetan shamanic traditions, creating a unique synthesis that isn’t seen in other branches of Buddhism. For example, their emphasis on techniques that involve a focus on the qualities of gods and goddesses (see Chapter 14) is significantly different than those used in Zen Buddhist practices. We’ve also identified the Buddhist

'hell realm' experiences in an early developmental event, as is described in Volume 3. Interestingly, as far as I know in my limited experience with this tradition, there are no Tibetan Buddhist equivalent to most of the Creator states that we cover in this textbook, except for the Awareness of Awareness state (which may be equivalent to Buddhist enlightenment) in Chapter 13.

### *Stanislav Grof's Pre- and Perinatal Model of Reality*

Dr. Grof's original work using hallucinogens, and his recent work using hyperventilation in his 'holotropic' breathwork technique, gives a map of reality that is the closest to my own. We both access pre- and perinatal trauma to get at various aspects of consciousness and reality. However, we have areas of disagreement, based on two factors. First, his techniques limit and tend to distort the clarity of what can be observed in the prenatal events, due to traumatic visual overlays. Secondly, he doesn't recognize the existence of the triune brains, which causes an almost insurmountable block to understanding much of what occurs in his sessions. However, many of his results have been similar to mine, albeit derived using different techniques, which allows me a partial check on my own observations.

I also acknowledge a profound personal debt to his work. Using his technique, one of his protégés, Sheelo Bohm, uncovered and healed a trauma in me that nearly caused my death through disease. I had already been trying to understand peak states – but it was this experience that put me on the path that eventually led to my developmental events model.

### *The Maps Are Not the Same*

The different primary techniques used by the various traditions give different results and this explains why their models aren't fully compatible. For example, although Harner's process of going down to a 'lower world' sounds similar to Tom Brown, Jr.'s core technique of following a descending stairway, in my experience the results are not exactly the same. Harner's students go directly to a nature realm filled with 'power animals'. Brown's go to a variety of places where, among other things, the practitioner's body can be changed in current physical reality, giving abilities such as exceptional strength, endurance, or freedom from external cold. However, the cosmologies are certainly similar. The differences may be due to the techniques used, and their ability to resolve discrete steps in the journey – for example, Brown's technique also leads to a region of spirits that include animal spirits.

The developmental events model differs from both. For example, in contrast to Harner's approach, our work gives access to Gaia from the world of everyday reality. And the developmental events model gives us access to realms that can't be accessed by any one technique. And it allows for permanent change, something that is not emphasized in those traditions.

Let's review our developmental events model. In contrast to spiritual and shamanic traditions, our model *doesn't* have a built-in cosmology. Instead, our model is a long timeline that identifies when each state is first acquired and

potentially blocked. Using this model, one can restore peak states that involve each of the non-physical realms, or acquire peak states that allow us to investigate those realms. By analogy, our model's sequence of developmental events is like referring to a cookbook with different recipes. Generalizing, traditional shamanic and spiritual practices use techniques that allow one to taste different dishes, but don't allow one to read the cookbook's instructions and ingredient lists. Of course, as in the first years of the human genome project, we have not yet mapped all of the key developmental events, and probably won't for years to come. However, each year we're able to read more pages in the recipe book. My colleagues and I continue to investigate new states, seeking to identify their characteristics, determine what underlying phenomena cause them, and develop new 'state-dependent' techniques that use them for healing or other purposes. It should be fascinating to see what the next edition of this textbook holds!

### **Traditions Tend to Ignore Realms For Psychological Reasons**

A variety of factors have caused different traditions to exclude various realms and their states from being included in their world view. As the last section demonstrates, the techniques used to access realms or acquire peak states limit what can be perceived. However, there are other, more psychologically oriented reasons why different traditions ignore the full range of human possibilities.

Obviously, culturally derived prejudices play a dominant part. For example, our own Western civilization tends to see the universe only in terms of one realm, that of the Creator. In fact, among many it is sacrilegious to even consider that this may not be the entire picture. Culture also tends to determine which states are desirable and which are to be ignored. For example, Asians focus on Buddhist states, Christians focus on Creator states, and Native peoples focus on practical shamanic states.

On a more personal level, it probably comes as no surprise that people tend to orient towards one direction or the other, inwardly (to shamanic states) or outwardly (to spiritual states), both in their own lives and in their approach to healing. This difference in orientation also applies to the kinds of sensations people seek out. For example, Judeo-Christian derived religious practices focus on the sensation of holiness (spiritual states), while shamanic practices and earth-centered religions focus on the sensation of sacredness (shamanic states). In our experience, it's unusual for traditional groups to work with both types of experiences.

Recall that it usually takes tremendous dedication and time for most people to get any peak state – it follows that there is a natural tendency to exclude most of them as being irrelevant in any given tradition.

There is another fascinating reason for the tendency of people to focus on traditions that only cover a subset of all possible realms. Statistically speaking, most people doing spiritual or shamanic work are suffering in some way. On average, they also tend to have a core issue or problem that causes them to be

attracted to one path over another. Tragically, the path they are attracted to usually supports them in maintaining their core issue. I routinely ask my students to look at the people in any particular tradition that really attracts them, to try and see their own issue. Unfortunately, seeing one's own blind spot is not easy. For example, on a personal note, I was attracted to Zen Buddhism. After I realized that any given group attracts people with a characteristic issue, it still took me years to notice that I, and many others I met in that practice, were trying to escape all emotions.

## Key Points

- Most peak states involve various kinds of access to different ‘realms’ of existence that contain fundamental kinds of consciousnesses.
- Realms can be roughly categorized into two groups: shamanic ones are accessed indirectly via the triune brains (Gaia and the Sacred); spiritual ones are accessed directly via the CoA (Void, Creator, and Oversoul).
- Human consciousness is supposed to be merged with all of the various realms of existence. The CoA self and the triune brains both need to be involved to acquire the full spectrum of states.
- The developmental events model does not depend on any particular technique or cosmology. It encompasses all other traditional maps and states.
- Seemingly non-physical phenomena can be observed and manipulated because in reality they are perceptions of physical, biological phenomena at the primary cell level.
- The transpersonal biology model is a general principle that says non-physical transpersonal phenomena actually have their basis in either primary cell biology or in developmental events biology.

## Suggested Reading and Websites

### Models and descriptions of primarily shamanic realms

- Tom Brown, Jr., *Awakening Spirits*, Berkley Publishing Group, 1994. This book covers the processes taught in his first level shamanic training.
- Michael Harner, *The Way of the Shaman: Tenth Anniversary Edition*, HarperSanFrancisco, 1990.
- Serge King, *Kahuna Healing*, Theosophical Publishing House, 1983.
- Serge King, *Urban Shaman: A handbook for Personal and Planetary Transformations Based on the Hawaiian Way of the Adventurer*, Simon and Schuster, 1990.

- Grant McFetridge, Jacquelyn Aldana, James Hardt, and Zivorad Slavinski, *Peak States of Consciousness: Theory and Applications, Volume 1: Breakthrough Techniques for Exceptional Quality of Life*, ISPS Press, 2004.
- Malidoma Somé, *The Healing Wisdom of Africa: Finding Life Purpose Through Nature, Ritual, and Community*, Jeremy P. Tarcher, 1999.
- Hank Wesselman and Jill Kuykendall, *Spirit Medicine: Healing in the Sacred Realms*, Hay House, 2004.
- Hank Wesselman, *Visionseeker: Shared Wisdom from the Place of Refuge*, Hay House, 2001.

#### Models and descriptions of spiritual realms

- A. H. Almaas, *Diamond Heart Book One: Elements of the Real in Man*, Shambala, 1987.
- Robert Monroe, *Journeys Out of the Body*, Doubleday, 1977.
- Robert Monroe, *Far Journeys*, Doubleday & Company, 1987.
- Robert Monroe, *The Ultimate Journey*, Main Street Books, 1996.
- Roger Woolger, *Other Lives, Other Selves: A Jungian Psychotherapist Discovers Past Lives*, Bantam Books, 1987. He has a model of how death and rebirth occur.

#### Overviews of models and descriptions of both shamanic and spiritual realms

- Christopher Bache, *Dark Night, Early Dawn: Steps to a Deep Ecology of Mind*, State University of New York Press, 2000.
- Daniel Goleman, *The Varieties of the Meditative Experience*, Irvington Publishers, 1977.
- Stanislav Grof, *The Cosmic Game: Explorations of the Frontiers of Human Consciousness*, State University of New York Press, 1998. Excellent summary of his model of consciousness and the cosmos.
- Valerie Hunt, *Infinite Mind: Science of the Human Vibrations of Consciousness*, Malibu Publishing Company, 1996. Introductory material and stories using the concept of fields to explain consciousness, mystical experiences, past lives, and telepathy.

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### A Map of Developmental Events for Peak States

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*"The earlier it is, the better it works "*

*-Grant McFetridge*

The key to all peak states lies in particular developmental events. The very earliest events have both the biggest impact and conceal the most profound and dramatic states. However, knowing this and doing something about it are quite different matters.

For many years we were like people with a few still shots trying to reconstruct an entire movie. The early developmental events were seen only in momentary glimpses, and often we couldn't understand what we were experiencing or when in development they occurred. This process was complicated by the fact that in those early days I could only find a few people who had or could acquire the rather exceptional states necessary to do the investigation. To add to the problem, just when we'd discover something, our volunteers would have to stop work either to recover from suddenly unsuppressed trauma, or to handle mundane responsibilities such as jobs and family. Or they'd quit for a variety of other reasons. Each time that I'd have to start over with a new volunteer, it would take him or her a huge number of hours of intense pain and suffering to heal the trauma that was necessary to get the person up to speed. This was complicated by the fact that no one else could teach this material – the developing model and experience of the states was only in my head and not written down. To make the project even slower; of the people I'd teach only a few would be able to contribute anything to the project, in spite of their hard and dedicated work.

To give you a feeling for the timing of this all, I started this project around 1985, but for many years it was a case of designing the tools to design the tools that would give me enough data to figure out what the heck was going on. For example, it wasn't until 1998 that Wes Gietz, Dr. Perry and I first found the

existence of the coalescence event, but it took until 2003 before we mapped its steps, and it was 2004 before we got the first pass of Gaia commands for it. Likewise, it wasn't until late in 2004 that we started to fill in our momentary glimpses of events *before* coalescence. At the same time, Dr. Adam Waisel was expanding the exploration into areas that we'd never even seen before.

Obviously, this work is still very much in progress as you read these words, and I'm really looking forward to a much more rapid exploration of these breakthroughs once all three textbooks are published! But as I tell my colleagues, after more than 20 years I'm now quite ready to retire and sip *piña coladas* on a tropical beach...

## Chapter Overview

In the last chapter, I focused on the concept of the various realms, and how the developing organism acquires spiritual and shamanic states as it gains enough biological complexity to incorporate the different aspects of the realms. This chapter gives an overview of the specific prenatal stages where these developmental events occur. (Appendix F gives a summary timeline of these events.) The descriptions of the stages in this chapter are only designed to give you an overview of events. Later chapters identify particular moments of these stages that unblock peak states, but this overview puts the pieces into their proper sequence.

Stunning experiences and states occur in the earliest pre-coalescence developmental events. As a rule of thumb, the most important events occur the earliest and set the pattern for later events. For example, it is when the precellular organelles ("p-organelles") first come into existence that various realms first appear and merge into our forming awareness – *if* the stages are experienced without trauma. Examination of these earliest stages allows us to 'deconstruct' consciousness into its component parts, because these parts can be examined *before* they mix together: the CoA self with its origins in the grandparents; the genetic awareness that forms the 'directing self' and that gives us the sensation of being human; and the cell membrane awarenesses that give us the sensations of the sacred and perceptions of the realm of the Sacred.

Likewise, it is during pre-coalescence that other extremely fundamental qualities of consciousness are established, involving such things as a composite awareness of sperm; the ability to communicate with one's triune brains; and many others. In general, patterns for health or sickness are also set during the very early pre-coalescence developmental events.

Later developmental events such as conception, first cell divisions, implantation and birth also play an important role in forming peak states. For the most part, however, traumas during the pre-coalescence period set a person up for traumatic experiences later on in development, which in turn blocks later peak states.

Finally, this work has major implications in understanding the origins of life on earth. The developmental stages of our germ cells are like a fossil record. It is extremely likely that the p-organelles reproduce the sequence of events that

occurred in the creation of the first prokaryote cells; that the sequence of organelle combinations during coalescence reflects the endosymbiosis steps that culminated in eukaryotic cells; and conception and the first cell divisions reproduce the steps that led to the formation of true multicellular organisms.

### **WARNING**

*Do NOT attempt to regress to these early events without exceptional competence in using PTSD techniques. Severe traumas can be encountered at these events that, once stimulated, can result in long-lasting physical and emotional symptoms if not healed. Unhealed material can cause suicide in some people. Severely disruptive spiritual emergencies can be triggered (such as overwhelming experiences of evil), and disease states (such as nightmares, bipolar disorder, depression, and a host of other emotional or physical problems). Although most people don't experience these extreme reactions, exploration in this area must be considered potentially life threatening. Anyone regressing to this time zone needs to have qualified supervision, and to realize that problems can still occur that we don't yet know how to heal.*

*For some people, simply reading the descriptions in this chapter or looking at the illustrations can trigger the severe trauma symptoms that occurred during these events. In most cases, the symptoms evoked fade over time, but there is a possibility that in some cases professional trauma therapy might be needed.*

### **The Impact of Early Developmental Events**

In Volume 1, I described key developmental events for triune brain fusion states. These events started at egg or sperm coalescences (the creation of the primordial germ cells) and jumped to the familiar conception, implantation, and birth stages. However, it turns out that most of the really fundamental developmental events occur *before* coalescence. This is true for three reasons. First, *biological development tends to be a repeating pattern*, with each succeeding repetition tending to just elaborate on the earlier event. Because of this, problems that occur during the earliest times have an effect that is all out of proportion to the initial trauma's severity – they avalanche, causing bigger and bigger problems later on in development. For example, a trauma in the precellular body organelle during an early separation event causes an ovulation trauma in the egg which in turn causes a birth trauma – because the events all feel similar to the body consciousness. If you heal the earliest events, then related, later problems dissolve without intervention.

Secondly, the earliest events are the most critical for the major peak states. Since these events involve the first connections to the various realms, traumas here create a situation that later developmental events cannot overcome. For example, for the vast majority of people, loss of connection to the realm of the Sacred occurs in this early time frame. These early events are supposed to cause

a person's consciousness to be part of the various realms – something that rarely happens for most people due to early traumas at those events.

Third, the earliest stages are critically important for general health and wellbeing. The situation is exactly the same as with peak states – early traumas in key events interfere with correct development, be it the development of peak states or the development of the physical body. Trauma at specific precellular events can impact overall biological development and health, or can cause specific physical or mental health conditions, such as multiple sclerosis or schizophrenia. Volume 3 goes into these applications of prenatal healing in great depth.

In practice, we've generated two rules of thumb: 1) the earliest events have the most impact and give the most fundamental states, and; 2) the precellular body organelles usually set the pattern for the rest and should be healed first – thus, healing traumas in them often heals the other p-organelles' problems without additional intervention.

### **Difficulties in Regressing to Early Developmental Events**

In general, studying developmental events is quite difficult. Most people can only regress to particular trauma moments, as if watching still photographs from a movie. This is clearly inadequate for research, as if one were trying to figure out a movie plot with only a few still photos. Fortunately, people who have the Creator Light peak state can regress anywhere in development with training – they can watch entire scenes from the movie. However, even this is not enough: researchers also need to have either minimal traumas at the events one wants to study so they don't avoid it, or distort what they see; or they need to be willing to experience and heal the traumas that they encounter there. Healing these traumas tends to be easier when the person has other peak states such as triune brain fusion. The assistance of someone who has already explored these time zones also makes the work much easier. Often we don't know what is supposed to happen during an event – so a number of people have to crosscheck each other's work. Sometimes even this isn't enough, since some events tend to have similar traumatic distortion among most people, and so we have to rely on an interaction between the predictions of theory and observation to identify where we've been misled.

There are several unique problems in the study of the very early, pre-coalescence developmental events. Regression to these earliest possible developmental events is extremely difficult and intrinsically confusing for most people. First, the earliest events are extremely remote in time – they occur decades before one is born, inside the parents who are still only a blastocyst themselves inside the grandmother's womb. Often, people who try to regress this far get stuck in later events, and often have to slowly heal their way back in time.

Second, almost everyone finds these earliest events intrinsically difficult to access, due to the high levels of trauma that typically happened during these events. It usually requires a considerable amount of time healing trauma to give colleagues the ability to access these events with enough clarity to do research.

Third, most of the earliest events feel extremely overwhelming, involving as they do major realms with their unfamiliar types of consciousness, extreme levels of biological change and transformation, and the triggering of massive changes in one's own consciousness. Also, the early precellular organelles feel very nonhuman, because they are in the Sacred Beings state. The researcher has to have that state, or he will most probably find his awareness blocked from these early events – his current self becomes unwilling or unable to experience himself as sacred beings, with the disturbing sensations and sense of personal annihilation it entails. (See Chapter 11 for more on the Sacred Beings state.)

Fourth, unlike typical post-birth, fetal, sperm or egg memories, these earliest events are intrinsically difficult to understand. They involve experiences that have absolutely no counterparts later on in development or in our daily life. Recall that the events are occurring at a range of sizes that only an electron microscope can resolve. Often, people are reduced to trying to compare their experiences to something they know, such as everyday objects and scenes. This natural tendency causes confusion in both the clients and the therapists working with these events. This problem is further compounded by many people's tendency to 'overlay' imaginary scenes on the real events.

Finally, one's awareness can take a number of different regression paths. As one goes back in time before one's conception, one has a choice of experiencing one's own development as either a sperm or as an egg in the respective parent. Continuing into the past, the next branching occurs at coalescence, where one can choose to go back in time as one of seven different precellular organelles. At this point, one could have taken 14 different branches into the past (although some people are aware of them all simultaneously). Most of the events on each path are somewhat similar, leading to confusion about which developmental path is taking place: "Am I in the mother or the father?", "Which precellular organelle am I?"

This section was focused on the difficulties that our researchers have faced doing these investigations. For these and other reasons, the list of stages in this chapter should be considered preliminary – there are certainly stages missing, and there may also be errors in the ones listed. In the future, it will be much simpler and easier to train new researchers, because we will be able to heal early in their training the initial prototypical events that we've already mapped. Since these early events usually create later problems in development, healing the earliest events will eliminate much of the healing work that they currently go through. Fortunately, once an event is identified and the Gaia commands worked out (see Chapter 17), it becomes much easier to take people to these events and to heal them. This is true for clients as well as researchers.

### **Describing Precellular Developmental Stages**

In descriptions of developmental stages in this book, you will notice that parts of the organism are sometimes identified with adult body part labels (such as feet, chest, arms, head, and so on). Obviously, the organism (be it a p-organelle, a sperm, egg, or the early fetus) has none of these organs in early

development. Yet, when regressing, people have the very curious experience that the early organism that will one day becomes themselves feels like it has adult body parts. This is because the regressing adult has an overlay of body locations in the developing organism. Fortunately, everyone has the same experience and identifies the different regions of the organism in the same way – for example, a p-organelle in the precellular spiral stage or an egg in the ovulation stage both have a region that feels like feet to everyone who regresses to these events.

As far as we know, no one else has yet mapped the precellular developmental stages, so there were no labels for us to use. Thus, we've chosen to name each key precellular developmental stage by referring to its most obvious 'visual' characteristic. This makes it simple for students to identify when and where they are in development, as they explore these very strange and early events.

We've only recently been able to access the earliest precellular organelle developmental stages. As of this writing, we believe we've found most of the major stages, but the mapping isn't quite complete so there may be more (or modified) labels in the next edition of this textbook.

You will note that although there are 14 different precellular organelles, we generally only describe the precellular body organelle stages. Partly this is due to the fact that the body brain tends to be the most important for peak states work. Fortunately, in our limited testing, all 14 precellular organelle types go through very similar growth stages, although there can be slight differences between the types. After coalescence, the primordial germ cells that become the egg and the ones that become the sperm also share very similar developmental stages, although the placenta/spine and perineum/third eye organelles have clearly different functions even though they fill the same developmental niches. Even more differences start to occur in the ovaries and testes later in development.

### The Time Line

#### **The Start of Awareness**

The odyssey of the creation of a person's consciousness makes a beautiful, cyclic story reaching back to the dawn of life on our planet. Each generation recreates the early evolutionary breakthroughs that led to life on earth as we now know it. Although this is a story of increasing biological complexity, it is more importantly a story of how consciousness started and developed from the very beginning of life on earth. This is also why the developmental stages that you'll be reading about often seem confusing and needlessly complicated – they are retracing the often complex and sometimes arbitrary steps that those early organisms took in response to the radically different environments that existed so long ago.

To our surprise, the grandmother creates the origins of the consciousness of her grandchildren, not her children. This fascinating observation tends to explain why many personality characteristics skip generations – the original and most fundamental trauma experiences that contribute to a person's character depend on the grandmother's internal environment, not the parents'. A person's self-

awareness actually begins as two separate pieces inside their grandmother's nuclear core, which is a structure inside her primary cell's nucleus. Her nuclear core is the place where her fundamental self-awareness resides, inside what in a typical person looks like a golden ring, a structure we call the 'circle of life'. The nuclear core also contains other structures: one that humans experience as the Creator, and another structure that contains Oversouls. (These concepts are covered in detail in later chapters – all humans contain these structures, albeit at different degrees of development.) The grandmother creates the origins of the grandchildren's consciousness at approximately the time that the parent (the grandmother's child) is implanting in the grandmother's womb wall. In the discussion that follows, we only describe a single individual's development – but there is actually a continuous process that creates a huge number of germ cells.

The stages inside the grandmother's primary cell are key to incorporation of the Creator, Oversoul, Gaia, and Void realms of consciousness into the person in the present.

### **WARNING**

*Severe trauma sensations and feelings can be triggered when regressing to the grandmother's nuclear core. Serious adjustment problems, and spiritual emergencies, can also occur from working with these events.*

### **The Oversoul-Related Developmental Sequence**

It is possible for a person to regress to their earliest possible developmental events; when their personal, original oversoul and Creator structures were first formed. We sometimes see clients who have problems in the present that are due to these very earliest and most fundamental kinds of consciousnesses; because these structures are actually biological, and were physically damaged during their development. In this section, we arbitrarily start by describing the oversoul sequence. In actuality, the oversoul and Creator sequences occur somewhat simultaneously in different parts of the grandmother's nuclear core.

Only an overview follows; many sub-steps have been omitted.

#### *Origin of the Oversoul Structure*

Let us first look at the oversoul awareness. It has its origin inside a (relatively) very large tube somewhere in the grandmother's nuclear core. A self-contained oversoul awareness is created (that looks like a ball of fuzz), goes through structural changes, and then dissolves into and 'enlivens' a much larger structure of tubes and nodes. This is the physical oversoul structure that contains access to one's various past lives.

#### *An Individual Life - The Seed stage*

The oversoul structure contains networks, each network containing an oversoul. Nodes in the network give access to a particular life in that oversoul. A liquid of awareness comes from the node that corresponds to the future individual and forms a 'seed'. This seed is then transported into the

grandmother's circle of life, where it undergoes major changes. It is then transported out of the nucleolus and into the grandmother's heart chakra, in her nuclear membrane.

The seed feels female, and has more of the sense of being the person who will develop from it.

### *The Void Liquid stage*

The seed goes through several steps in the grandmother's chakra, and develops into a vapor/liquid; during regression, one can either experience oneself as being in the Void during these events, or in the physical environment. This liquid blob (we call it the 'Void liquid' or 'airy liquid' depending on context) feels archetypically female.

This sequence ends when the Void liquid meets and combines with its corresponding Creator-derived complement in the event we call 'proto-conception'.

### **DANGER**

*Regression to any events in the grandmother's chakra (especially Void liquid, sun ball and all later events in the chakra) can stimulate secondary problems in the present, involving pain and emotional issues that won't stop even if the events are healed. It can trigger various mental disorders; and trigger trauma flooding, where severe traumas become activated simultaneously. Spiritual emergencies and severe adjustment problems can also erupt due to major changes in consciousness. Normal healing techniques often do not work in this time zone – only therapists trained in this material should work with these events.*

### **The Creator-Related Developmental Sequence**

As in the case of the oversoul, the Creator-related biological structure also has its own, unique developmental sequence. As with the oversoul sequence, the following is only an overview; many sub-steps have been omitted.

#### *Origin of the Creator Structure*

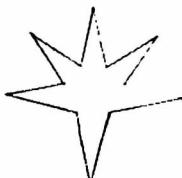
The Creator structure's origin is quite different than the oversoul's. The Creator structure first forms as a bubble connected to its source by a tube. This bubble inflates, and becomes the Creator structure familiar in regression; due to changes in the observer's perception of scale, this sphere with its internal honeycomb structure is usually experienced as a 'plane of light' during regressions (shown symbolically in Figure 13.1).

#### *An Individual Life - The Crystal Star stage*

A piece of aware crystalline material then separates from the Creator's surface. This piece is originally shaped a bit like a crystal raspberry with small seeds on its surface. This then morphs into what looks like a pointed star or toy jack, which we call a 'crystal star' (or 'star' for brevity). This piece of awareness

is then moved into the grandmother's circle of life, and what feels like a bolt of electricity is sent into the star. It is then sent out through the chromosomes of the nucleolus to the grandmother's heart chakra. The star feels like the Creator, male, and impersonal.

The Creator star and oversoul seed enter the grandmother's circle of life at slightly different times, and are processed separately.



*Figure 8.1:* The free-floating piece of crystalline awareness that we call a 'star' looks like a snowflake. It is formed from the Creator matrix in the grandmother's nuclear core.

### *The Sun Ball stage*

The crystal star goes through several major structural changes in the grandmother's chakra, and develops into a ball. To a regressed person, the ball glows with light and feels like an archetypical male Creator. To avoid confusion with other developmental stages that also contain ball-like structures, we call this ball the 'sun ball' because to regressed observers it radiates intense light.

### **The Creation of the Observing Self**

Up to this point in time, the development of the oversoul-related and Creator-related portions of our awareness occur in physically separated locations; the two parts of consciousness grow biologically in fundamentally different ways, and are also experientially fundamentally different.

Although both the seed and the star structures are aware, the first moment of their fused awareness actually starts inside the heart chakra of our maternal (and paternal) grandmother. From the outside, this chakra looks like a large light bulb. Inside the grandmother's chakra, both the star and the seed continue to develop, and go through rather drastic physical changes in physically separate areas of the grandmother's chakra, before they join.

### *Proto-Conception: The Pillar of Fire stage*

At this stage, the male sun ball (which developed from the star) and the female Void liquid (which developed from the seed) enter a chamber via different passages. The sun ball sends what looks like small donuts to the Void liquid – the Void liquid puts them into itself via its belly. These two archetypal male and female structures combine, and the core of the maternal (or paternal) observing self is formed. Because of its similarity to conception, we call this stage 'proto-conception'. Experientially, they unite to make what looks like a pillar of fire. This pillar can be seen as stretching into infinity, but in purely physical terms, it extends to the top and bottom of the space it was formed in. It

then transforms into a liquid and exits the area through a tube. At this point, if the transformations are done without trauma, a single awareness is formed that becomes the core of the observing self.

This event also foreshadows later development – at conception, the pillar of fire event occurs again when the egg's and sperm's observing selves combine.

### **WARNING**

*Proto-conception involves death trauma. Accessing this event may stimulate severe emotional problems, and suicidal feelings or actions.*

**Example:**

Many years ago, while meditating at home, I found myself floating in a black, florescent space. In front of me was a gigantic, vertical, endless column of continuously exploding fire. (The movie *The Fountain* captures the appearance of this column.) In the distance, I could observe what looked like other people in Buddhist meditation posture floating into the column of fire. I felt a strong draw to go into it too, but I pulled myself back into my home, concerned that if I entered the fire I would be destroyed like moth going into a flame. I felt I had an obligation to pass on my work before I took the risk of destroying myself, but I promised myself that once that was done, I would return and enter the flames. It is probable that I was seeing the pillar of fire developmental event, but as of this writing I don't know for certain.

**The Creation of the CoA**

The following sequence of stages occurs inside the grandmother's primary cell's heart chakra. To the regressed client, this chakra looks like a huge jellyfish, and it feels like the Creator itself. Inside it, the liquid awareness that comes from the pillar of fire event is combined with a crystalline material from the grandmother's chakra to form the CoA self. At the end of its maturation, a new structure forms that looks like a bubble. This bubble is released from the grandmother's chakra, and is transported from her head to her womb. This CoA bubble then passes into the parental embryo at the beginning of implantation.

These stages are critical for many peak states that involve awareness: Platonic ideal emotions, the Brain Light state, and other peak states and abilities. This sequence links the CoA and with the DNA and the membranes of the forming precellular organelles. For convenience, we usually refer to stages from the soft crystals (in the grandmother's chakra) to the bubble division (in the parental embryo) as 'CoA bubble' stages, and the awareness that is formed as the 'CoA self'.

### **DANGER**

*Under no circumstances should regression to the formation of the crystals in the Soft Crystals stage be done. It results in a shattering of consciousness in the present, with possible psychosis and delusions. Normal trauma healing*

*techniques won't reverse the condition. To heal this problem, specialized training is required.*

### *The Soft Crystals stage – Formation of the CoA*

A group of crystals now separates from the grandmother's matrix. To the regressed person, it feels like the crystals come from the Creator, not the grandmother. Then, the observing self's liquid awareness absorbs the crystals into its belly. This combination becomes what feels like 'soft crystals' to the regressed client. The material itself doesn't immediately physically change – the boundary of the client's awareness is diffused, without a clear edge.

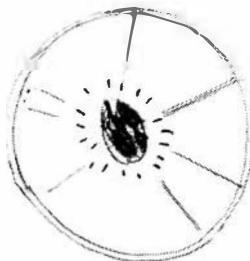
At this point, the observing self's consciousness is complete – we now have what we refer to as the CoA self in this text. Generally we refer to this CoA material as 'soft crystals', or as 'CoA soft crystals' if there is a possibility of confusion with other structures.

### **DANGER**

*Regressing to many events in the grandmother's chakra can stimulate severe physical pains and emotional difficulties in the present, due to the stimulation of secondary mechanisms (see Volume 3). This occurs in over a third of the people we've tested, and doesn't stop without specialized intervention for roughly 10 to 20 percent of the total test group. Trained backup is necessary when working in this time zone.*

### *The Bubble stage*

The next major stage occurs when the person's CoA soft crystals grow a 'bubble' structure. This in turn then grows a sac-like structure (reminiscent of a placenta) that is attached by tubes. Generally, we refer to the object at this stage as a bubble, or as a 'CoA bubble' to avoid confusion with other structures later in development.



*Figure 8.2: The Bubble stage. This is a typical unhealed bubble, with a hard, dark core and thick membrane. The placental-like structure is not shown, but is attached by tubes to the outer surface. After healing, the core expands and is filled with light.*

### *The Bubble Birth stage*

The bubble's sac-like structure is absorbed into the bubble just before it leaves the jellyfish (grandmother's chakra). The bubble that contains a person's CoA is then rhythmically pushed through and out of a large tubular 'tentacle' at the edge of the chakra – its jellyfish-like structure with the many tubes and other ejected bubbles can be seen by looking back after leaving the tube. This event feels similar to ovulation, and is usually described as "leaving the Creator".

### *The Ocean stage – Traveling to the Womb*

The CoA bubble moves into what feels like the ocean. This is actually a fluid-filled pathway connecting the primary cell in the head of the grandmother to her uterine wall, where the parental embryo has newly implanted. The bubble is transported to the womb with a sensation of being carried gently by waves to shore.

### *The Bubble Inflation stage*

At the end of the ocean stage, one sees lots of bubbles in an open space on a floor. The bubble descends through a tunnel in the floor and comes out into a big room, reminiscent of a factory floor with lots of other bubbles being processed all around. After healing, one woman wrote: "The whole thing feels like a consecration, incredibly reverent and holy." The bubble rolls out into a groove in the floor and tubes come into it, and fill it, with the feeling of drinking when one's throat is very parched. The bubble inflates slightly during this process. The tubes retract, and then the bubble is coated with a fluid that sinks into it. Next, the groove in the floor leads the bubble down into a hole into a small room.



*Figure 8.3: The Totem Pole stage.*

### *The Totem Pole stage*

The bubble falls directly down onto a structure in the center of the small room and becomes perched there. The bubble has changes made to it, and then the perch descends. This perch is the top of what looks a bit like a totem pole or a Tootsie Roll candy with ring-shaped indentations at regular intervals down its

length. The bubble enters at the top of the totem pole, has changes made to it, and continues down the interior to the bottom of the pole. The column's outer membrane is then incorporated onto the bubble's surface.

This is the last stage in the grandmother.

#### *The Liquid Core stage – Entering the Parent*

The membrane floor of the totem pole area opens and the bubble moves into a wide space between membranes, as if going between a floor and its sub-floor. Tubes attach to the bubble, feed it, and disengage. This is the first connection to the parent – the bubble has left the grandmother's womb and entered the parent's placenta. This event occurs just after implantation of the parent into the grandmother's womb wall. The bubble opens and a large hose sends liquid into the bubble's core, and the bubble opening closes. The bubble is left with a ball of fluid in its center that can feel like it is made of light. This stage can feel like the person is disassembled and cleaned out. Then the CoA bubble goes through an opening in the membrane floor. Other bubbles all over the membrane floor are also going through, a bit like commuters going through a multilane bridge's tollbooths.

#### *The Grid stage – Merging with an Oversoul*

As the bubble goes down through the floor membrane, it enters a sac suspended on the underside of the membrane. The underside has a network of pipes on it, reminiscent of the pipes on the ceiling of a large factory. The sac is attached to this network of pipes, looking like a bowl with hoses attached. The sac then closes around the bubble and detaches from the pipes, dropping into a large, empty space.

The sac has a grid on its inner surface. As the sac descends, it and the grid become integrated into the bubble, and a person regressing to this event will experience all of their lives simultaneously. This is the origin of the past lives and oversoul experience described in Chapter 14.

#### *The Floating Bubbles stage – Communicating with the Dead*

Once the bubble leaves the grid in the membrane, it enters a wide space, like dropping out of an airplane into the sky. By looking 'up' at the membrane ceiling from below, one can see the network of hollow tubes imbedded in its lower surface.

In the wide space under the grid membrane is an area that has many other bubbles and debris floating in it. A mist covers the person's CoA bubble as it enters this space. Apparently this is a stage to cull defects – the mist creates debris as it destroys the bubbles that are defective.

People who regress to this area often report that the other bubbles contain the souls of dead people, and that they can communicate with them.

### *The Bubble Division stage – Formation of the Gel*

The CoA bubble is split into pieces as it enters a sectioned tube that has a pattern like a cut grapefruit. The sections of the tube go to different regions of the next stage. The divided bubble pieces are shapeless, clear pieces of ‘gel’ with CoA crystalline material imbedded in them, as if sand particles were suspended in colorless honey. We call the CoA structure at this stage the ‘gel’.

### **The Creation of the Organelle Genes with their ‘Human’ Sensation**

The organelle genes are formed in a different location than the membranes that houses them. This happens in the zygote of our parents just after implantation. This is the stage that gives us a sense of being human – the genes give us this sensation. The following stages are given from the perspective of the genes, not the CoA material.

### *The Human Species Consciousness*

When one regresses to the earliest moment on the developmental sequence of the genes, one encounters a very strange experience that feels ‘outside’ of time, with the sensation of being in the realm of the entire human genome. Once there, one has the sense that the genome as a living being that is attempting to perfect itself by growing and changing during the course of its existence. We call this the realm of the human species consciousness in this text.

Unlike the precellular organelles, the genetic material itself doesn’t have a definite ‘start’ moment. Instead, probably because it is copied from earlier genetic material, it experiences itself as having existed eternally, outside of time itself. In our experience, subjects describe the genetic awarenesses of their egg and their sperm as being the same, even though the male and female genes are physically created at very different times and locations.

The genes for the precellular organelles are created in a very unusual environment that looks like a cloud. This cloud is made up of the parent’s genes. (It feels like all of the genes are identical – apparently they become modified later in development. It is also possible that the gene cloud is made of RNA, not DNA.) If this cloud is white, it means all is well with the parent. Dark means injury exists in the parent’s genome area. Serious problems often occur in this stage due to toxicity in the parent’s gene cloud.

### *The Gene Cloud stage – Formation of the Gene Packets*

Each gel piece exits the tubes in different regions of the gene cloud. (Like in a factory, different precellular organelles are made in different areas, with a gel piece for each organelle.) Each CoA gel piece then enters the cloud and acquires genes. Genes are cut from the cloud and go into the CoA gel pieces to form a container we call a ‘packet’. Once in the packet, the sense of being in a timeless genome stops – the gene packets now feel human, with a normal sense of time passing.

Each packet forms four partitions inside itself. By the time a packet leaves the gene cloud, it has split into four separate ‘gene packets’.

By this point, the original CoA bubble has split many times. Soon these pieces will be incorporated in various biological structures. By the end of coalescence (the formation of the primordial germ cell), these bits of the original CoA will all rejoin. There is continuity of consciousness – regressing on any p-organelle will lead a person to the same CoA bubble. The different p-organelles recognize each other – each started with some of the same original CoA material and so can recognize itself.

#### *The Roulette Wheel stage*

The packets go ‘down’ through a tube into what looks a lot like a spinning roulette wheel, with a gene packet being a ball that falls into the ‘slots’ in the wheel. Another piece of CoA material is added here. From there, the packets are sent to the Genesis cell. They then enter the p-organelle membranes forming in the ‘Genesis cell’ stage.

#### **The Creation of the Precellular Organelles and the Sacred Beings**

The creation of the p-organelle membranes starts experientially in the realm of the Sacred. In regression, one experiences ‘beings’ in that realm that come ‘forward’ to merge with and create the physical structures that become the organelle membranes, as if the membranes were periscopes looking into physical existence.

The precellular organelle *membranes* are actually living, self-aware structures. They are the container that everything is put into, and can accurately be described as living ‘temples’ that form the framework for all development. Repeating for emphasis, because we can observe the growth of these containers, we can study consciousness (and peak states) from a unique vantage point – we can observe, analyze and understand consciousness itself as it appears in the different steps of development *before* the different components of consciousness mix together.

The self-aware, living membrane feels very sacred and nonhuman. This is in contrast to the human feeling of the genes in their packets. This difference can be very confusing to people regressing. Even more importantly, most people block out the experience of the sacred consciousness of the organelle membranes during regression. The simplest way to work around this is to have them acquire the Sacred Being state before the regression starts.

#### *The Genesis Cell stage*

The precellular organelle membranes are formed in a vaguely rounded cell that we call the ‘Genesis cell’ (because its function is to create precellular organelles). It is located in the inner wall of the hollow area of the parent’s blastocyst. The Genesis cell touches the parental primary cell, and is one of what we call ‘bundle’ cells that surround the primary cell. This structure continuously and simultaneously creates all the different types of p-organelles. Seven different types of p-organelles form in the father’s embryo, and seven in the mother’s embryo. The precellular sequence of development for each organelle type is the

same in both parents, although there are some (usually subtle) differences. It is during these initial, early moments of our existence that the fundamental, major states are first acquired as the realms become incorporated into these early precellular organelle structures. Unfortunately, trauma at these early moments occurs for virtually everyone, making these major states *extremely rare* in the general population.

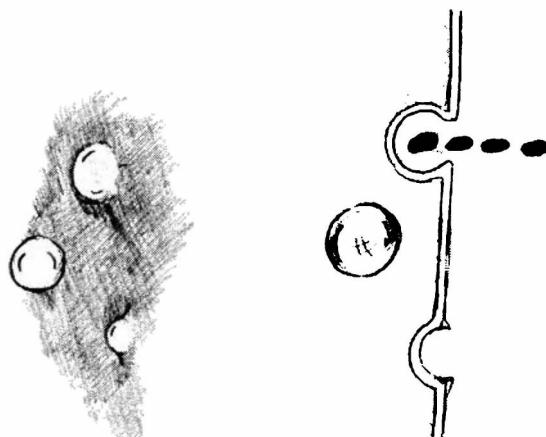
The planetary consciousness Gaia directs the parent's Genesis cell to create new precellular organelle membranes. Each membrane is constructed separately as a vacuole on the wall of the genesis cell. The precellular organelle starts as a depression in the genesis cell's membrane. At the first moment of its existence, the newly created p-organelle is able to 'listen' and respond to directions sent to it directly from Gaia (see Chapter 9). Simultaneously, a 'ball of light' – a piece of the CoA – comes into the new organism. This gives it the sensation of self-awareness (see Chapter 14). At the same moment, a 'sacred being', which exists in the black fluorescent space of the realm of the Sacred, pushes forward with its 'belly' along an invisible, curved 'wall' that corresponds to the genesis cell's membrane (see Chapter 11). The sacred being looks a bit like a somewhat cubical, rounded box. As it pushes forward, the genesis cell membrane deepens its indentation. A tone can be heard in both the sacred being and the physical cell; the tone appears to be causing the membrane to move inward. At this point, the precellular organelle becomes a sacred being in its own right, with a permanent connection to the realm of the Sacred. In other words, the organic matrix of the p-organelle is actually a physical extension of this sacred being into the world of matter. By analogy, it is a bit like the sacred being stuck its head underwater (our physical universe) and looked around. From the sacred being's perspective, it is now in two places at once.

The cell membrane's depression increases in size until a vesicle forms out of the genesis cell's membrane. The gene packets enter the membrane through its top or 'mouth' as the vesicle is just finishing its separation from the cell wall. Then the gene packets and the membranes combine, and the now-detached organelle is transported through the Genesis cell and passed out the far wall.

When the vesicle is fully formed, experientially it feels like something passes from the parental sacred being's 'belly' into the center of the vesicle. The type of p-organelle (and hence type of triune brain) is determined by the type of Sacred Being, and the 'material' it sends determines the kind of precellular organelle that will form.

At any given moment there are many vesicles forming, each at various stages of development. Different precellular organelle types are formed in their own regions on the surface of the genesis cell. The vesicle moves across the cell, touches the far 'wall' which dissolves to let the vesicle pass through, and the vesicle passes out of the genesis cell with the sensation of being born. At the same moment, another 'ball of light' from the Creator goes into the newly released p-organelle. This is experienced as a sudden increase in light in the regressed client's awareness.

The vaguely cubical, precellular organelle is then carried into a round opening in a nearby wall.



*Figure 8.4: Vesicles forming in the Genesis cell membrane. The left view is from the interior of the cell – one of the vesicles has already detached. The right cutaway view shows gene packets entering one of the forming vesicles.*

### WARNING

*There may be a potentially life-threatening risk in accessing the Genesis cell developmental stage. One person had a heart attack triggered while regressing to this event.*

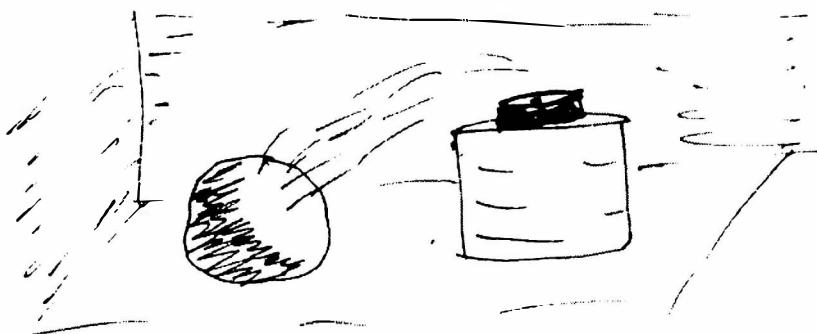
#### *The Chest Room stage*

The precellular organelle goes through the long tube in the wall. It lands on the floor of this ‘room’, dropping into what looks like a conveyor belt with partitions between the incoming p-organelles, reminiscent of a row of moving office cubicles. To give a relative scale, the p-organelle feels like it is about 2 feet in diameter and the room is about 20 feet per side. A golden liquid necessary for the p-organelle’s growth fills the room and is absorbed by the p-organelle.

The p-organelle is moved forward to the center of the room and the cubicle’s wall opens. The p-organelle now faces what looks like a box or chest with a valve on top. The valve opens and emits wire-looking strands. The p-organelle’s front opens (from the perspective of the regressed adult) and the genes are released, which can feel like death, annihilation, or giving up one’s life force. The genes line up along the strands, and the combination forms loose spirals that move to the center of the cubicle. A ball-of-light experience now occurs. The walls of the cubicle wrap around the p-organelle and form a new outer membrane. The p-organelle then starts moving along a groove in the floor, and then down a hole. If this transition is unhealed, it can feel like going down a waterfall or a cliff.

### Example:

Different clients describe different implications to this event, which varies due to earlier and later unhealed traumas. For example, one felt this stage was critical to having her chakras merge properly. Another reported the sense that the 'oversoul' came into the p-organelle. Another felt that they learned how to perceive space and time here. Another found that trauma here set up a life task conflict.



*Figure 8.5: A somewhat symbolic representation of the Chest Room stage. The chest is round, with an opening at the top.*

### *The Pearl-Filled Sac stage*

The p-organelle then enters a petri dish-like structure that resembles an ovary, filled with big caviar or many large pearls of tapioca. Sacs elsewhere contain the other kinds of p-organelle. Each of the pearl-like balls in the ovoid contains different shapes, and each gene inside the p-organelle has a 'pull' for a particular ball. The balls are all absorbed by the p-organelle, along with the Petri dish-like container.

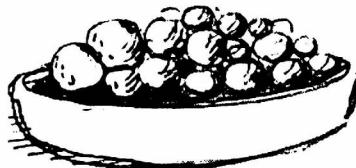
A tube in the parent's substance forms to 'feed' the precellular organelle, which causes it to develop and grow, and then retracts. The p-organelle then moves to a 'wall'. The wall thins and an iris opens up, and the p-organelle is released through it with a sensation similar to ovulation. Trauma here makes corresponding trauma occur at ovulation and birth, because they feel similar to the organism.

### Example:

Some clients describe what appears to be lightning going into the 'primal mud' inside a pearl. One client described a blending and forming of 'fingers' between what feels like spirit and matter. Another client reported the sensation that his ears expanded, as if he was Dumbo the Elephant. Another client reported previewing future developmental steps by the body organelle during this stage.

**Example:**

Paula writes: "Several times over the years, I regressed to the start of a series of traumas and found myself at what looked like the very origins of life on earth: a lightning bolt striking the primal ooze. Wes Gietz reported seeing the same sort of scene in his own explorations. Then recently, I had that experience again and decided to stay in that moment. I realized that the 'primal mud' was the pearl, and the bolt of lightning was the light from Creator. The mud thought all the good qualities came from Creator and that it would have to let go of all its own beliefs. Then I realized that each side (physical and spiritual) had its own mix of qualities, each essential to a complete being.



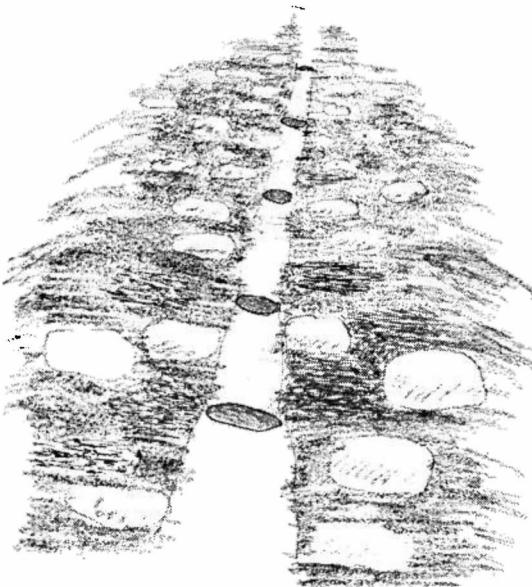
*Figure 8.6: The Pearl-Filled Sac structure.*

***The Descending the Hill stage***

After leaving the pearl-filled sac stage, the p-organelle enters a shiny, dark area at the top of what looks like a hill (which has an organic, soft tissue look). It floats downward in a 'stream' that flows in a groove in the hill. As it descends, at different locations a 'pothole' in the stream opens and a substance is injected into the p-organelle. The effect is different each time: one makes the p-organelle feel hollow, another makes some people feel like they are being cleansed with flames, and so on about four times. The fourth pothole puts the p-organelle into a more alert state, and a deep bass tone is usually reported at this point.

**Example:**

Several interpretations of experience have been reported at this stage, but at the moment none have been verified. One person suggested that at the top of the hill, genes link up giving a connection to the oversoul feeling. Another reported a 'spark', like a prototype chakra entering. Another thought that this was the stage when the sperm collective first started, and that the crown (Buddha) precellular organelle constructs 'gateway' connections that links to past lives. Again, their interpretations cannot be relied upon, but I included them here just to give a flavor of how tricky it can be to understand the meaning of sensations that occur during these events.



*Figure 8.7: A somewhat symbolic representation of the Descending the Hill stage. Note the potholes in the path.*

#### *The Shiny Black Space stage*

At the base of the ‘hill’, the p-organelle enters and sinks into a black pool. Most people do not realize that it is a pool, but instead think they are floating in space instead of a liquid, because it looks like there are twinkling bright stars all around. The ‘stars’ move into the p-organelle. Then a current pulls it through a hole into a tunnel.

#### **Example:**

Tal reported the following unusual experience the first time she encountered this event. “I feel like I am myself, and part of the realms simultaneously. Each realm is in a different location in my p-organelle body. The Creator is along my front, from my neck down to my belly. The Void is in my head in the area a cap would cover when pulled down to my nose. Gaia is from the head down the center of my back. My palms and feet are connected to my oversoul.”

#### *The Silver Mist stage*

This room is filled with suspended sparkly silver particles, making it look filled with silvery light or grey mist. The p-organelle goes to the center of the room and the silvery particles are pulled towards it, making it look like a big snowball. All of the particles attach to the p-organelle, and it expands as they seep into it. Its core becomes very silvery. A feeding tube then attaches and fills

the p-organelle. After the tube disconnects, the floor opens and the p-organelle descends into a new ‘room’.

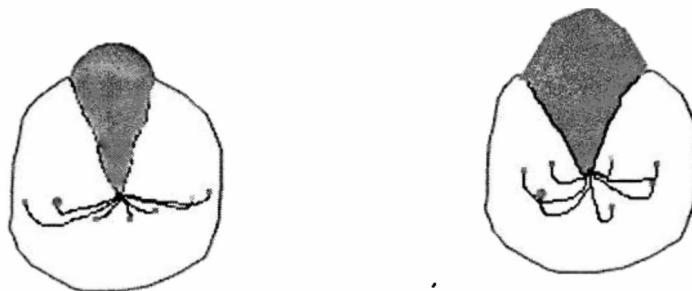
One person reported that at this stage it felt like the p-organelle got special instruction from Gaia, explaining what’s supposed to happen during its development.

#### *The Formation of the Jewel stage*

The p-organelle descends into a ring, and then a column of light rises up and penetrates it through the center. The column carries a ‘foreign’ object up into the p-organelle. The column spreads and opens a canopy that attaches to the ring, forming a dome, then a sphere that integrates into the p-organelle.

As the foreign object enters the p-organelle, a hollow forms in the chest of the p-organelle. The object grows ‘veins’ or ‘roots’ into the p-organelle, and then a flow in the veins commences. The chest opening continues to grow in size, and what looks like a faceted jewel forms in the hollow and begins to glow with light. This is the formation of the chakras and first meridian structures.

The perception of the p-organelle as a sacred being gets blocked for most people at this point, giving rise to the familiar experience of the ‘child-like’ triune brain awarenesses (see Chapter 11).



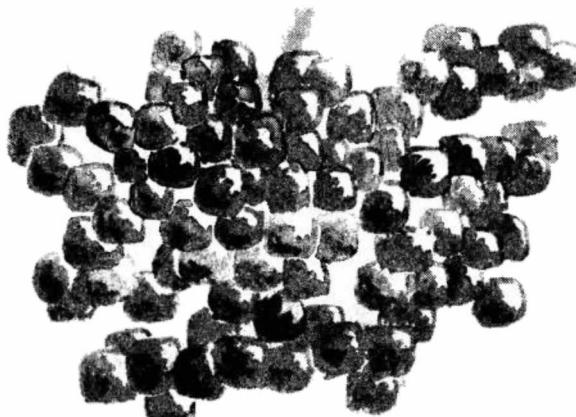
*Figure 8.8: The Formation of the Jewel stage. The left is an egg jewel, the right a sperm jewel. (Sketch by Adam Waisel and Tal Laks.)*

#### **CAUTION**

*Severe adjustment problems can occur if trauma healing of the Formation of the Jewel stage causes acquisition of the Sacred Beings state.*

#### *The P-Organelles Pile-Up stage*

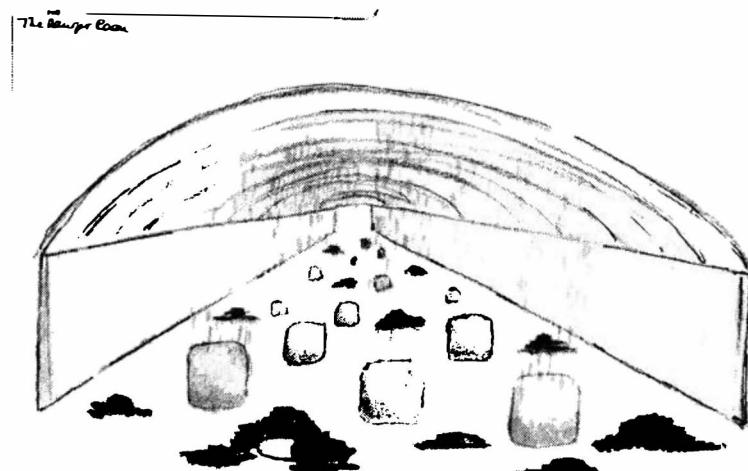
At this point, the precellular organelles of a particular type (body, heart, etc.) accumulate (or swarm) into a big pile. We’re not yet sure what this stage is for, other than as a holding area for the next stage. Collision damage often occurs here, as well as separation anxiety when the precellular organelles leave to move on to the next stage. They receive more light at this stage.



*Figure 8.9:* A somewhat symbolic representation of the Precellular Organelles Pile-Up stage.

#### *The Hangar Room stage*

The p-organelle leaves the others in the swarm, and enters what we're calling the 'hangar room'. From the p-organelle's perspective, this area looks and feels very similar in scale to a person walking into an airplane hangar. In this room the mother (or father) tests the precellular organelle for damage, determined by the correct functioning of the jewel. If it passes a recognition test, it receives what looks like a shower of nourishing golden honey, which is absorbed by the p-organelle. If it fails, the precellular organelle is culled – a corrosive blob of mucus is sent at the p-organelle. Many clients report having the acidic mucus cover them, but they survived. The p-organelle exits at the far end of the hangar room.



*Figure 8.10:* A somewhat symbolic representation of the Hangar Room stage. It is actually more crowded and chaotic than the diagram captures.

### The Spiral stage

The precellular organelle floats to what looks like a platform at the top of an escalator. It lowers into it and attaches its ‘feet’ (or ‘hands’ depending on the p-organelle type), as if stepping into ski boots, to three types of nourishment hoses. (The placenta p-organelle doesn’t have tubes hook to it; it absorbs through its ‘skin’ surface.)

The platform then starts to move downward, like descending down a spiral escalator. From a distant perspective, this structure looks like a gigantic spiral. Other spirals can be seen in the distance. Close up, it resembles a huge ring or ribbon. We used to call it the ‘infinite spiral’ because our earliest investigator, Dr. Perry, noted that it felt like the journey down the spiral was of infinite duration. While attached to the spiral, one can ‘hear’ the same Gaia command (if you have the ability to hear Gaia in the present) repeated over and over continuously like a chant. The spiral is covered by evenly spaced precellular organelles, looking like peas on an open pod, or buds on a spiral branch. The bud that eventually becomes you is just one of many buds on this spiral. The p-organelle grows as it moves down the spiral. At the bottom of the spiral, the hoses and the p-organelle detaches from the platform. Unfortunately, the separation of the precellular organelle from the spiral usually occurs with physical injury and trauma. This whole process is very much like an assembly line in a factory, with the p-organelles like widgets that are then dropped off at the end of the conveyor belt (or spiral in this case). When they get to the end of the conveyor, they fall off.

Each of the precellular organelle types is transported and nurtured on similar although separate spirals. Continuing our earlier analogy, each brain type has its own conveyor belt. Interestingly, the different types of precellular organelle buds don’t look exactly alike.



*Figure 8.11: Sketch of a section of the egg precellular heart spiral. Each of the balls is a p-organelle.*

**Example:**

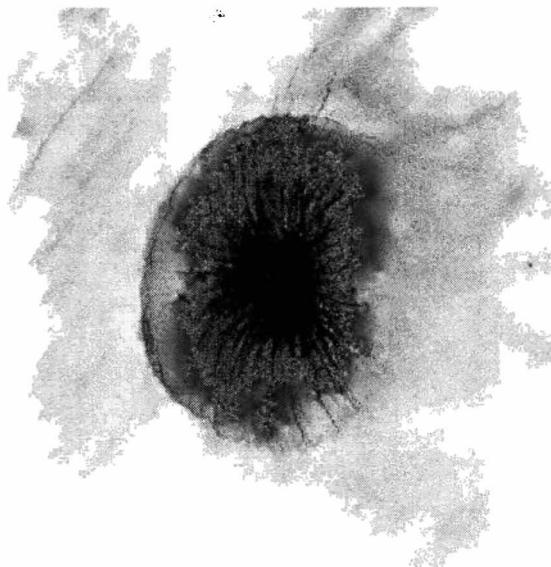
A client, while healing the manic phase of bipolar disease, tracked it to the precellular mind organelle on the egg side. There was damage at the anchorage to the spiral. This caused the sensation of going down the spiral too fast, like a kid on a banister. This caused the precellular organelle to associate survival with being hyperactive. Healing this temporarily caused her body to enter the Hollow state in her torso and halfway down her arms, and eliminated her manic feelings.

**DANGER**

*Re-experiencing separation from the spiral can trigger irreversible multiple sclerosis in susceptible people. This event should be avoided.*

***The Sphincter stage – Encountering Hell Realms***

A membrane (or ‘veil’ as it is often described by people doing regression) lies near the end of the spiral. When the p-organelle detaches, it moves to a sphincter in the membrane. This opens a passage into the next area. On the spiral side of the wall, the fluid is viscous like light oil; on the exit side, the fluid is like water. The passage through the sphincter is often traumatic, and can be re-experienced during regression as going through a Buddhist or Christian ‘hell realm’. Each different type of p-organelle encounters a different hell realm. (see Chapter 15).



**Figure 8.12:** A somewhat symbolic representation of the sphincter, as viewed from the spiral side of the membrane.

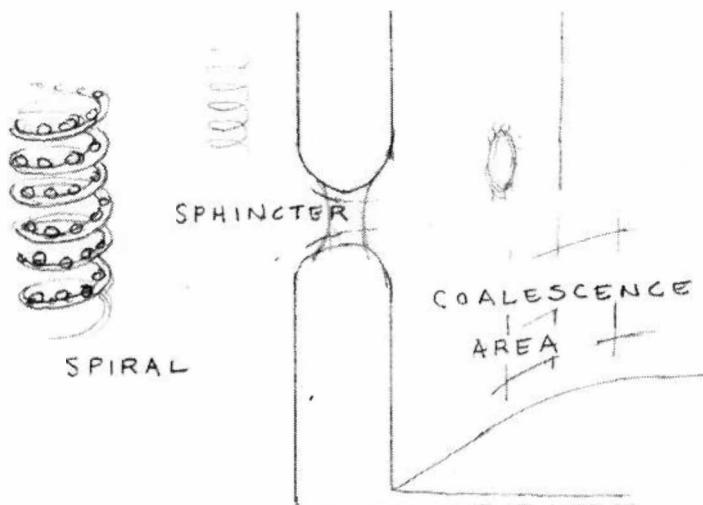
## WARNING

*Hell realm experiences can be activated at the Sphincter developmental stage. This can cause some people to attempt suicide.*

### *Entering The Coalescence Area*

Once through the membrane's sphincter, the precellular organelle enters a region where the different p-organelle types combine in an event we call 'coalescence'. This area feels very open without any significant identifying features, so for simplicity we just call this the coalescence area. Many people who regress to this time zone say it resembles the inside of an aquarium. Just as the separate p-organelles leave their respective sphincters, the regressed client often experiences a sensation of the pain and suffering of all of mankind throughout time.

At coalescence, the genetic material in each of the precellular organelles is combined into a nucleus, except for some DNA left with the Solar Plexus organelle (the mitochondria).



*Figure 8.13: Sketch of the region from the spiral to the coalescence area. There are seven spirals and seven sphincters, each with a different p-organelle type.*

### **The Creation of the Primordial Germ Cell and Its Directing Self**

Up to this point in the chapter, I've been describing cellular events that, as far as I know, have not yet been identified in human reproductive cells. However, this doesn't mean that they aren't there! First of all, even when our regression clients experience the same events that biologists see through their microscopes, the perspective is quite different and often tricky to reconcile. Secondly, these events occur while the parent is still a blastocyst, a difficult region to examine for technical and ethical reasons. Third, much of the current biological data on human development was derived from other species (such as

mice, frogs, flies, and worms), and hypothesized to be the same for human beings – which may or may not be true. However, we are able to ‘see’ what is occurring in the parent’s cellular development at the same time our organism is developing. This allows us to roughly date and hence identify what we’re seeing inside the parent’s body.

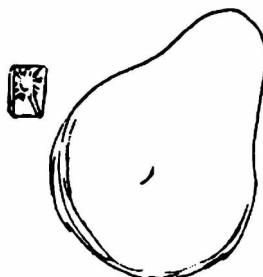
### *Coalescence*

The seven different kinds of precellular organelles enter the coalescence area and quickly combine together in the coalescence sequence (see Volume 1). The precellular organelles merge to form one cell – the well-known ‘primordial germ cell’. At this point, the developmental events for the sperm or egg start to differ more than they did before coalescence. Not much time has passed since the precellular organelle was first created. After this event, we no longer speak of ‘precellular organelles’. Instead, they have incorporated into one organism, and are simply called ‘organelles’ (or sometimes ‘subcellular brains’).

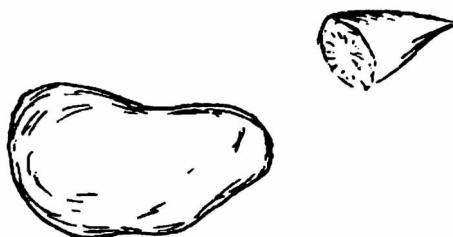
Continuing the earlier analogy, the little widgets (p-organelles) fell off their conveyors belts (the spirals), moved through a valve (the sphincter) in the wall that keeps the conveyor room separate from the assembly room (coalescence area), and then are bolted together (coalescence) with the other types of widgets from the other assembly lines. The assembled widget (combined p-organelles) then moves on for more processing steps before being stored (in the gametes of the parents). This assembly line continuously fabricates all the primordial germ cells that later become the eggs in the mother or sperms in the father.

This event is also the origin of a familiar ‘directing self’, caused by the combination of the genes from each of the p-organelles into one nuclear body. These ‘directing selves’ feel like young versions of the parent they form in. (These ‘selves’ are retained to some degree in almost every adult due to incomplete connection of the chromosomes in the nucleolus during conception.)

Volume 1 describes coalescence and its impact on triune brain and chakra fusion states, but coalescence is also important for retaining sensations of sacredness in the body, which is covered in Chapter 11 on the realm of the Sacred.



*Figure 8.14a:* A sketch the sperm body and heart p-organelles as they start to merge; with the heart resembling a jelly cube.



*Figure 8.14b: A sketch of the sperm body and sperm tail (spine) p-organelles as they start to merge; with the tail starting to look like a cone.*

When regressing to coalescence, one normally sees the p-organelles' physical shapes. Alternatively, one can see the p-organelles as balls of light using the Seeing Brain Awarenesses ability. Using this ability, Dr. Waisel reported that his colleague saw smaller balls of light floating near the forming primordial germ cell. These very simple awarenesses were contained in ball-like physical structures that were much smaller than the p-organelles. Like p-organelles, they came into the coalescence area from the sphincters. Dr. Waisel termed them 'brainlets' because of their size and because each possessed a different single fundamental emotion. They enter the forming primordial germ cell near the end of coalescence and he thought that they became the physical housing of the chakras (the 'dumbbells') that are attached to the nuclear membrane. However, his death interrupted the investigation into this phenomenon, and we haven't yet gone back to verify his observation. If they actually exist, which they probably do because he was a very careful researcher, they may be unique to the test subject, or perhaps just compensation for an earlier, unfinished developmental stage in that person.

### **DANGER**

*Regression to coalescence events can trigger death and dismemberment traumas. Avoid the placental p-organelle coalescence event - accessing it can cause serious mental and physical problems due to biological damage being triggered in the present.*

#### *The Journey of the Primordial Germ Cells*

The primordial germ cell remains in the yolk sack for roughly 3 weeks after the parent implants on the womb wall. At about this time, the many primordial germ cells make a relatively hazardous trip through the parent's body to the developing genital ridges (the future ovary or testes). There, they start the sequence of events (gametogenesis) that changes them into eggs or sperm cells. We haven't yet mapped these events, although we believe that the golden fountain stage described in Volume 1 occurs along this route.

### *Developmental Events in the Gonads*

As of this writing, we've only just started to study the period between coalescence and ovulation for the egg, and coalescence and ejaculation for the sperm. For example, virtually everyone experiences significant egg trauma as the mother is being born. Although there are probably peak states that develop in this region of time, we don't yet know of them. Future editions of this book should include this time zone.

Note that major developmental differences occur between the primordial germ cells that become oogonia (eggs) or spermatogonia (sperm) in the developing gonads of the mother and father.

### *Ovulation (in the Mother)*

The period just before and during ovulation impacts several peak states. One involves a type of Gaia consciousness that we call the 'Harmony' state. In most people a major peak state, the No-Skin state, is partially blocked here. (Volume 3 covers this state in detail.)

## **The Creation of the Zygote and Its Directing Self**

### *Conception*

Conception is critical for triune brain and chakra fusion states. Like coalescence, trauma here can also block the sensation of sacredness in our body. The sperm enters through what feels like the chest of the egg, the tail detaches, and the head of the sperm opens, releasing genetic material and organelle structures. At this point most people experience 'sperm death' trauma. However, once this trauma is healed, they realize that in reality the sperm didn't die, but instead moved into the next step of its lifecycle as a part of the fertilized ovum.

When the chromosomes from the egg and sperm combine, we stop feeling like our parents (the sperm feels much like the father, and the egg feels much like the mother) and now we feel like ourselves. In most people, the chromosomes in the nucleolus do not completely fuse – instead, the egg and sperm directing selves remain in a reduced form, along with the new self that arises from the joining of the two sets of chromosomes.

## **The Creation of the Primary Cell**

### *First Cell Division*

The first cell division involves the shift of consciousness from a single cell to a composite awareness in multiple cells. The first few subsequent cell divisions are important for various health reasons. This developmental event is very likely to be replaying the evolutionary sequence of steps that led to the origin of multi-celled organisms.

The primary cell is formed at the fourth cell division. A severe death trauma occurs here.

**WARNING**

*A severe death trauma occurs at the forth cell division. Accessing this event may stimulate suicidal feelings or actions, or cause other severe problems in the present for the regressing person.*

***Formation of the Blastula***

During this period, awareness starts to expand from individual organelles into the new simple, multi-celled structures of the forming blastula.

***Implantation***

Implantation affects our triune brain fusion states (as described in Volume 1). For most people this event creates a susceptibility to a class of physical problems that is covered in Volume 3. A trauma involving ‘dismemberment’ occurs at implantation. Creation of primordial germ cells in the embryo starts at this time.

***Birth***

Birth involves the potential acquisition of a number of peak states. (Chapter 10 describes what triggers birth.) Aside from the triune brain Wholeness fusion state, the Gaia states ‘Being Other Lifeforms’ and ‘World Inside Body’ also develop. This is detailed in Chapter 9.

During birth, a number of gateway events also occur. Of the most importance to us is a moment when the Creator requires us to choose either good or evil on a brain-by-brain basis. This is covered in detail in Chapter 15. There is also a gateway event that involves the sensation of truth. This state impacts a peak state involving a connection to the Void.

Major changes are triggered during birth that block peak states in the baby, and radically change the appearance of the baby’s Perry diagram.

***Placental Death***

The cord to the placenta is cut at the end of the birth, and the placenta structure dies. This event is usually extremely traumatic to newborns because the cord is usually cut too soon in hospital births. Regression to the ‘placental death’ event can stimulate suicidal actions in many people, even ones who have never felt suicidal before.

**DANGER**

*Accessing placental death trauma will trigger immediate attempts to commit suicide in roughly 20% of the population.*

***Post-Natal Events***

Events that occur after birth are for the most part uninteresting from the perspective of peak states. The patterns set by pre-birth traumas now play themselves out – for the most part, the die has been cast. Some traumas that occur after birth do activate earlier, previously unactivated prenatal traumas that

then get permanently ‘turned on’, blocking peak states or causing diseases such as schizophrenia or autism.

However, new and significant post-birth events involving the Creator do occur at major growth points such as puberty and middle age. These ‘choice point events’ (such as the classic mid-life crisis) all determine major changes in ones life’s choices.

## Key Points

- The earliest developmental stages contain sequential experiences of the three separate kinds of consciousness: the CoA self is first; next, the human-feeling genetic awareness is incorporated; and then the membrane awareness of the sacred beings is formed.
- The first directing self forms at coalescence, while the more familiar directing self of the adult forms at conception.
- Most major peak states occur before and during coalescence.
- The different realms and components that make up adult awareness are related to physical, biological materials that are incorporated into the earliest moments of the precellular organelles.

## Suggested Reading and Websites

### Spiritual experiences in pre- and perinatal developmental events

- Michael Gabriel and Marie Gabriel, *Voices from the Womb: Adults Relive their Pre-Birth Experiences – a Hypnotherapist’s Compelling Account*, Aslan Publishing, 1992.
- Stanislav Grof, *The Adventure of Self-Discovery*, State University of New York Press, 1988. Excellent coverage on the stages of birth and other spiritual and shamanic experiences.
- Sheila Linn, William Emerson, Dennis Linn, and Matthew Linn, *Remembering our Home: Healing Hurts and Receiving Gifts from Conception to Birth*, Paulist Press, 1999.

### Human developmental events

- Robin Baker, *Sperm Wars: The Science of Sex*, Basic Books, 1996. Simplified for the layperson.
- Robin Baker and M. A. Bellis, *Human Sperm Competition: Copulation, Masturbation and Infidelity*, Springer, 1999. Detailed information for professionals.
- Bruce M. Carlson, *Human Embryology & Developmental Biology*. Third Edition, Mosby, Toronto, 2004.

### **Evolutionary Biology**

- Nick Lane, *Power, Sex, Suicide: Mitochondria and the Meaning of Life*, Oxford University Press, 2005. Written for well-educated laypeople, it gives an excellent summary of evidence about the origin of the eukaryotic cell on our planet.

## Section 2

### **Shamanic Realms**

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### The Planetary Consciousness: Gaia and Its States

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In the early years of this work, I eventually realized that while still in utero I'd had a large number of peak states, most of which were completely lost to me after birth. Clearly, something was happening at birth that blocked these states for most people. (At the time I was assuming that peak states, especially triune brain fusion states, were far more rare than they turned out to be.) Whatever this mechanism was, it was also obviously affecting all mammals, not just humans. (For example, pets clearly have human-style dysfunctional behaviors.) Thus, whatever the cause was couldn't just be some sort of cultural or emotional reaction to the birthing process. It had to be something much more fundamental.

In the spring of 1999, Kate Sorensen of Trauma Relief Services and I were working at her Arizona ranch on the peak states project. We were both looking at the birth experience as well as we could, given that much of our births had blind spots for us due to the remaining traumas we still had. As I sat in her living room, I was absolutely focused on birth, looking for whatever unimaginable thing was causing people to lose triune brain fusion at birth. Suddenly, I caught a moment that was so unexpected I'd never even imagined its possibility – I heard a command given to my fetal body from what felt like every living thing, especially the single-celled organisms. It was like having a number of drill sergeants abruptly yelling into one's entire body, saying "Separate from the mother!" as loudly as possible.

At that instant, I fully realized the impact of what I'd just experienced. This command was from an awareness that was comprised of all living things, speaking to me personally just before I was born! And I knew this event was something that happened to everyone. I also instantly realized another grim fact: when it was time for other babies to be born, most people's triune brains would have obeyed this command – disastrously. They would 'hear' the "Separate" part of the command and do just that, even before the "from the mother" part came through, totally misunderstanding what was being told to them. They would

separate, not just from the physical mother, but from each other, from spiritual states, and more tragically from the very planetary consciousness that had given the order. The brains were like children, obeying ever after and blocking themselves away from the very thing that they were a part of.

I called the composite biological awareness that gave the command, Gaia. Wes Gietz, Dr. Deola Perry, Dr. Marie Green and I spent the next year exploring and unraveling the incredible implications of what I'd so briefly glimpsed in Kate's house.

### **Chapter Overview**

In many ways I consider this the most important chapter in this book. This chapter explains one of the most fundamental and important forces in our biosphere – Gaia, the self-aware collective consciousness of all living things on the earth. It turns out to be much more than just an accidental, diffuse and remote meteorological principle. Instead, this awareness has a continuous and direct personal influence on every living thing, from biological growth to the choices we make in our own personal lives. We'll also look at Gaia's limitations to understand the nature of the world and the environmental problems that we see around us.

We'll introduce some of the properties of Gaia – how developmental stages are triggered and Gaia's involvement with healing. Descriptions and explanations of Gaia-related peak states are covered.

We'll also apply this information in practical ways. The following chapters on other peak states will use the concepts we're deriving to generate simple processes for acquiring those states. The next chapter goes into detail on how it is possible to communicate with Gaia. Chapter 17 describes a process using Gaia commands that allow people to heal developmental stage traumas relevant to peak states without needing to regress.

#### *States, abilities and experiences in this chapter:*

- Being Other Lifeforms state/ability
- World Inside Body state
- Regenerative Healing state
- Inner Harmony state
- Seeing the Golden Web ability

### **Gaia**

James Lovelock's Gaia hypothesis, that the organisms on the earth work together to keep the planet habitable, is well accepted by climatologists at this point. Of course, their assumption is that Gaia is an accidental or non-conscious process, the result of countless years of natural selection for this result. However, to our complete amazement, our work has demonstrated that Gaia is actually a self-aware consciousness that spans all the organisms of the planet. In fact, it has an active and critical role in guiding our physical development and in our personal lives.

**Definition: Gaia**

Gaia is a name for the composite consciousness of all organisms on the planet earth. In the context of this book, Gaia is self-aware and guides the growth and healing of every organism of the planet, from single-celled to human.

Many people have an unconscious or momentary connection to Gaia that we're all familiar with – we call this intuition, gut feeling, or a host of other names. At those moments we become aware of the communication that Gaia is sending us. It is doing this because our health and wellbeing are important to it, in the same way that the health of the cells of our body are important to us.

Most people maintain a strong block to having any conscious awareness of Gaia by keeping a separate identity from it. This is similar to having one of our cells, say a skin cell, pretend that it has nothing to do with the rest of the organism. As one weakens the separation, one can start to become aware of Gaia as something outside of oneself. At this level, Gaia can be directly experienced as the sum total of all the living organisms in the planet, ‘speaking’ to a person all at once. The reason for this separation is, as usual, primarily due to trauma, primarily precellular, *in utero*, and birth traumas, complicated by post-natal traumas.

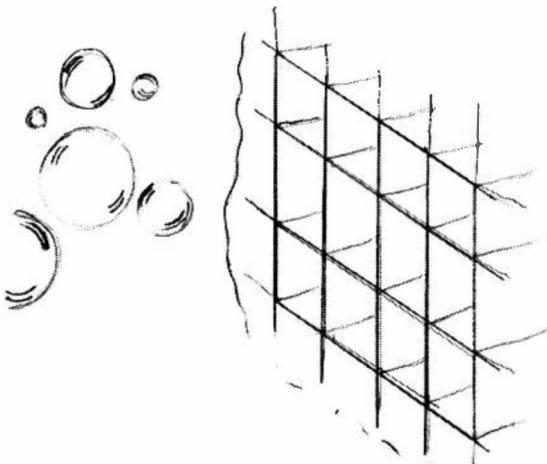
With the awareness of Gaia’s presence comes the realization that each of us is personally important to it. This can feel like a tremendous relief, as one knows that there is something outside of oneself that is not only continuously paying attention to us, but has our best interests at heart and continuously, actively tries to help. Continuing the earlier analogy, it would be like that skin cell suddenly realizing that the rest of the body wants it to be healthy and prosper. Of course, at this level of awareness one also realizes that even an ant is equally as important to Gaia, but this feels fine – one is no less important than the ant either. When one lets go of one’s separate identity from Gaia, and identifies with Gaia directly, one can experience oneself, in words that best fit the experience, as “The Creative Principle.” (This is not to be confused with the Creator, which is a very different kind of experience as will be described in Chapter 13.)

The person who is separated from Gaia can, mistakenly, view Gaia as something ‘outside’ of himself. This gives rise to several possible kinds of perceptions of Gaia, all equally valid. They vary with the peak state the person has, or if encountered in regression, corresponding to the developmental stages the organism is at.

**Example:**

I was regressed into precellular memories, and I perceived Gaia as a bright presence that felt very sexual. I was overwhelmed with feelings of inadequacy that only women were creative at this level, because they could create life. This was part of the particular trauma as I experienced it. I didn’t realize until later that I had been perceiving Gaia from my body

consciousness's perspective, and that logically, I was even better at creating new life than a woman – I create lots of sperm cells every day!



*Figure 9.1:* Sketch of Gaia (on right, looking like an apartment with each room containing a species) as seen during the archetype developmental event.

**Example:**

A client was healing her block to Gaia awareness. With her eyes closed, she suddenly saw huge numbers of balls of light. Putting her attention to one of the balls, she realized it was a different way of seeing a person she knew (see Chapter 14).

**Example:**

A woman doing shamanic practices let go of the need to control the experience. She moved into trust with the feeling of abandoning control, and had a physical sensation of falling. She then experienced Gaia as mother, and having that connection to Gaia filled her with joy. It was like knowing that everything was possible, particularly the healing of physical problems.

### Other Groups Who Are Aware of Gaia

Native Americans as a group are the best-known example of a culture that is aware of Gaia. Translations or words from particular tribes give us labels like Mother Earth, or *Mitakuye oyasin* ("all our relations"), and a host of other names from various languages.

**Example:**

In his book *Mad Bear*, Doug Boyd recorded a Native American teaching story about an archetypal shaman called False Face, who thought he had gained enough knowledge and power to challenge Gaia itself. The story

ends with an excellent description of key aspects of Gaia – its ability to heal, its unity with all life, and the profound delusion that one can be separate from it: “He [False Face] craved to claim victory over the Lord and he felt sure he would win his dare. He shouted his challenge again. He clenched his fists and squinted his eyes and screamed into the sky; and before he could finish his sentence, he heard a trembling and a rumbling. He spun around to look just as the mountain was coming to his side. That was a mistake, for that caused the mountain to strike his face and break his nose.

And at that the gentle voice of the Great Spirit was heard again: “Now look what we have done to our beloved self. No matter. It is very temporary. We shall now set it right with our collective will, shall we?”

False Face felt a moment of great pain, and then he had a sudden awareness. There was no contest. There had never been any contest. That was another of his countless lessons. But this was the ultimate lesson and he had arranged it – he and His Own Self – so that he could be free from the desire to be a separate, independent something in its own right. So that he could be free from being apart and alone.”

Tom Brown, Jr., a teacher of Apache spiritual and healing practices, calls Gaia “the spirit that moves in all things” or equivalently “the force”. In his tradition, communication with Gaia happens through “inner vision”. Gaia is also a source of healing energy. His processes emphasize using a connection to Gaia to do various survival or healing activities. However, if I understood his teachings correctly, he views Gaia as passive, without volition of its own, which is contrary to our own experience. He focuses on using personal intention to access Gaia, rather than having Gaia tell the person what the intention should be. His process to access Gaia is done by shifting the practitioner’s CoA into the solar plexus area, then going through the subconscious by visualizing a journey down a path and onto a stairway where Gaia energy can be accessed. A description of this process can be found in his book, *Awakening Spirits*.

Dr. Michael Harner started an organization that tries to save and teach the dying shamanic traditions from around the planet. His group emphasizes a three-part cosmology, with an upper spirit world, a middle world that we live in, and a lower world filled with ‘power animals’. Mapping his model to our own work as discussed in the previous chapter strongly suggests that his lower world is an internal awareness of Gaia consciousness. However, we haven’t yet proved this – we’ll need people who can experience and compare both systems before we will know for certain.

Turning to the Christian tradition, the description of the Holy Ghost fits Gaia to some extent. If so, one could assume that the source of this part of the tradition has been obscured over the centuries.

Jacquelyn Aldana, the creator of the 15-Minute Miracle peak state process for connecting to Gaia (described in Volume 1) has one of the best labels for Gaia that I know of. She simply calls it “Life”.

Finally, if we look to popular culture, we find the concept of Gaia in the popular ‘Star Wars’ movie, where they called the embodiment of all living organisms “the Force”, just as Tom Brown, Jr. does.

### **Manifesting and Gaia Consciousness**

For a moment, imagine that you are a cell in your body. When you need something such as food or more oxygen, you send out chemical or electrical messages to the greater organism to tell it what you need. Your body is constantly optimizing its internal and external world to give each of its parts what it needs to live and prosper.

By analogy, each of us is a cell in a huge, planet-sized Gaia body. When we have a desire, we signal Gaia that this is what we need, and automatically Gaia attempts to adjust the environment and the creatures in it to try to optimize the situation. However, in reality what Gaia wants *is* what we want, not the other way around. By analogy, we’re actually the tail, not the dog. When Gaia has a need, we’re directed to fulfill it. If we respond to that need, we feel good – acting on that need is what we truly want to do. We are a part of Gaia and not separate or outside of it. Goals based only on our own personal issues (such as wanting a big car, power over others, and so on) that are not expressions of Gaia’s purpose are intrinsically unfulfilling.

If you are feeling very positive about your life, Gaia can interact and communicate more successfully with you. In fact, the positive feelings and benefits that occur for everyone are characteristic. Gaia is an intrinsically positive, creative, self-optimizing system that takes into account our limitations as it attempts to optimize our situation. Gaia is an immense intelligence: it guides every living organism on the earth, including all the uncountable numbers of single-celled organisms in the biosphere, simultaneously and in real time.

The manifesting aspect of Gaia is the basis for some peak state processes available today, such as Jacquelyn Aldana’s 15-Minute Miracle. By focusing on the positive, and using the real world’s response to what you’re doing, you can increase your Gaia connection, your feelings of health and well-being, and your ability to have amazing coincidences appear in your life. It’s a positive feedback loop. Processes that emphasize Gaia connection and manifesting take advantage of this aspect of Gaia consciousness.

However, a good Gaia connection doesn’t mean that you’re doing what Gaia wants all the time. This is a very important point – many people assume because they have an easy life due to a good Gaia connection, that they don’t have any significant blocks. The truth is that these people still have major blocks and limitations, but Gaia is working within those self-imposed limitations. Often these people don’t realize this until something happens where Gaia couldn’t give them a better outcome – for example, they couldn’t allow Gaia to regenerate an injury.

### Non-Gaia Manifesting

What happens when we're negative about our lives? If, due to trauma or other reasons, we dwell on what isn't working in our life, we usually find that our lives also get worse both internally and in the real world. Obviously, there are many conventional reasons for this – after all, few people want to be around someone who is always complaining about their life, which just makes the situation even worse – but there are also two biologically-based mechanisms that significantly add to this problem. They don't involve Gaia, as Gaia is intrinsically positive. One is due to the same underlying mechanism that causes the 'tribal block' problem (covered in Volume 3). Functionally, it acts as if it were a negative or 'bad' Gaia that can respond to our selfish desires or negative intentions. Another mechanism involves 'cording' between people, where we unconsciously stimulate each other's traumas to play out dysfunctional patterns. Unfortunately for most of humanity, this means that functionally 'positive' manifesting and 'negative' or harmful manifesting are equally possible, albeit via totally different underlying mechanisms. The bottom line – if we dwell on the negative, we get events that reinforce our feelings.

#### Example:

I can speak from my own experience on manifesting. Some years ago I needed to catch a flight but all seats were full. As a test, I 'reached' out into the world. I was aware of the world changing, but my ability to be aware of what was happening faded out some distance into the world. Results were immediate – I called the airlines back and there was now a seat available. But was this in the best interests of the person who cancelled that seat, or of my own? If so, then this action would have been unnecessary – Gaia already knew what was needed. Instead, I was imposing my limited perspective on the situation. This new ability soon became a nightmare.

The ability to consciously manifest has another *very* severe drawback, one that many of my students ignore in their desire to have all of their "wishes granted". Like Mickey Mouse as the sorcerer's apprentice in the Walt Disney film *Fantasia*, we just don't realize what we're getting into even when we're warned about it ahead of time. It's like wanting to dream – we think "Oh, wouldn't it be wonderful to have vivid dreams every night?" and forget that many of those dreams will be nightmares. As C. S. Lewis put it so well in *The Voyage of the Dawn Treader*:

"Fools!" said the man, stamping his foot with rage. "That is the sort of talk that brought me here, and I'd better have been drowned or never born. Do you hear what I say? This is where dreams -dreams, do you understand, come to life, come real. Not daydreams: dreams."

There was about half a minute's silence and then, with a great clatter of armour, the whole crew were tumbling down the main hatch as quick as they could and flinging themselves on the oars to row as they had never rowed

before; and Drinian was swinging round the tiller, and the boatswain was giving out the quickest stroke that had ever been heard at sea. For it had taken everyone just that half minute to remember certain dreams they had had – dreams that make you afraid of going to sleep again – and to realize what it would mean to land on a country where dreams come true.

Outside of conscious awareness, the triune brains can now *also* influence events around the person to play out their trauma-based fears and desires. Rather than having events stimulate trauma feelings, the trauma feelings stimulate events! Although this happens to some extent or another in everyone as a result of their overall attitudes and beliefs, this is far more of a problem when people start acquiring certain peak states of consciousness, as shamanic and spiritual traditions well attest. For example, individual triune brains will try to manipulate one's overall behavior for their own shortsighted goals by stimulating events in the world that once had their desired outcome in times past. Because of this, I *strongly* discourage my students from trying to develop the active ability to 'change the world', as shamans call it. Instead, I recommend using the much more gentle and positive peak state processes for manifesting taught by Jacquelyn Aldana, Lynn Grabhorn, Laura Holmes, or Ann and Peter Meyer. Unfortunately, this problem eventually arises for most of my students, and currently we deal with it on a case-by-case basis when it becomes evident. Theoretically it is possible to eliminate the underlying problems in a more global way, but as of this writing we haven't yet done it.

### **WARNING**

*Learning to 'force' one's will on the world leads to continuous difficult and negative situations for ourselves and our loved ones as our subconscious influences events around us.*

#### **Example:**

Normally my life is rather uneventful, but all of a sudden my car was broken into three days in a row in different locations, although nothing was taken. The third break-in caused me to wonder if I was stimulating people to break into my car. Regressing, I found a memory from years ago of having my car being broken into, which had then caused me to leave the place I'd been staying at. This led to realizing that, although my body consciousness wanted a relationship with a woman I was seeing, my heart consciousness was dead set against it, and was manipulating the world to try to get me to leave. Eliminating the feelings from that earlier burglary stopped any further problems with my car being broken into – apparently, once the trauma was gone it lost its utility as a mechanism for manipulating my behavior.

This woman was very similar to my mother, and this similarity was stimulating a core trauma in my heart consciousness involving feelings of shock and annihilation. Healing this trauma eliminated the heart brain's resistance to the relationship.

**Example:**

One of my advanced students, an unusually kind and sincere man, encountered a very frightening experience while exploring oversoul consciousness. Immediately afterwards he noticed that people around him were suddenly experiencing accidents, even potentially dangerous ones. As he was afraid that his wife might be harmed, he ended his training, thinking that this was happening because these were areas that man was not supposed to explore. However, a week or so later he happened to look at a youth who was skateboarding by, who suddenly and for no apparent reason fell. In a flash of insight the student realized that he was the one who was inducing the accidents in others – but unconsciously.

**A Summary of Peak States Involving Gaia Consciousness**

Below is a summary of all the Gaia states that we know of as of this writing. A complete index of states, with characteristics and estimated probabilities in the general population is found in Appendix C.

***'Gaia Communication' State/ability***

This state gives one the conscious ability to perceive Gaia communication as language. It also applies to receiving Gaia communications visually and kinesthetically, but for our work we tend to emphasize the ‘auditory’ portion of the communication. Chapter 10 goes into this state in depth.

***'Gratitude' State***

Popularized by Jacquelyn Aldana’s 15-Minute Miracle technique, this state is characterized by a feeling of gratitude for whatever happens in one’s life. This state is a partial connection to Gaia, and has several consequences: manifesting of one’s Gaia-inspired desires happens frequently; and it enhances other peak states. Thus, this state is very helpful to support peak states work, and for this reason we emphasize Aldana’s technique to our students. Unfortunately, her technique, albeit effective, has to be maintained with constant practice.

***'World Inside Body' State***

The World Inside Body state is a much bigger change for people than acquiring the Gaia Communication ability. In this state, the person feels like the world around them is actually inside their own body. Experientially, if someone waves a hand in front of a person in this state, it feels as if the hand were moving inside the person’s body. This state is obviously very easy to test for. The other striking quality of the state is the greatly enhanced creativity that occurs. Creativity is a key characteristic of Gaia, which is one reason we classify this as a Gaia state.

**Example:**

I was standing on a beach a month or two after I first entered the state. A flock of birds flew overhead, and they made an abrupt simultaneous change in direction. It felt like they were flying inside my physical body, and when they turned the sensation was so amazing and wonderful I exclaimed out loud. Apparently, I must have had quite an expression of awe and amazement on my face, as a stranger standing next to me spoke and said he wished he could experience nature as I did.

This state is sometimes seen by physicians and misdiagnosed as a psychosomatic disorder. People new to this state, or who have it come and go may seek medical help because the sensations can be distressing, as certain kinds of sudden outside movement can cause nausea or dizziness in someone who hasn't fully integrated the state. It is occasionally mentioned in the literature by neurologists. Discussing the role of the hippocampus and its connections to the reptilian brain, Dr. Paul MacLean writes "The multisensory inputs were also discussed [in his 1949 paper] as possibly relevant somatovisceral symptoms of patients with psychosomatic illness who seem to have the tendency to experience happenings in the outside world as though they were inside." (MacLean, *The Triune Brain in Evolution*, 1990, page 266.)

The World Inside Body state and the Gaia Communication state can be had independently.

Tom Brown, Jr. emphasizes the importance of this state in his work in shamanism and survival. He considers it an essential state for advanced students to be able to survive comfortably in wilderness situations. The state allows one to still know where animals (or people) are and what they're doing when they are out of eyeshot. He calls this state a connection to the 'spirit that moves in all things'.

The key developmental event for this state occurs during and just after the death of the placenta during birth. There may be other events that are also relevant, but as of this writing we haven't identified any more.

**DANGER**

*Explorations in this time zone of birth can trigger overwhelming suicidal urges in many people.*

**Example:**

My father often had a stubborn streak with the nurses who took care of him. Sympathizing, I taught a nurse my Distant Personality Release™ process for changing a client's personality (found in *The Basic Whole-Hearted Healing™ Manual*). She focused on my Dad's feeling of secretiveness and started the process on him. Suddenly, to my astonishment I became dizzy and nearly fell down as my boundaries spread into the room we were in. The healing of my Dad had unblocked the 'World Inside Body' state in me. I had never felt this state before, and it stayed permanently afterwards. This

phenomenon of healing a parent and having the child get a peak state spontaneously is rare but happens on occasion.

This state enhances the Gaia Communication state. One of our volunteers found that with the state she now could get intuitive answers from Gaia to 'why' questions, instead of just hearing a string of Gaia commands. Unfortunately, she also soon realized that this mode of communication was sometimes manipulated by one of her triune brains to trick her into doing what it wanted.

#### *Being Other Lifeforms' State/ability*

This state gives a dramatic experience of the world through the eyes and other perceptions of non-human natural entities, such as animals, birds, plants, and rocks. The characteristic that people notice the most, after finding themselves as a nonhuman entity, are their new or enhanced senses. For example, becoming a hawk and being able to see clearly for miles. The state is described by Stanislav Grof in *The Adventure of Self Discovery*, page 55. Shamans often call it 'shapeshifting'.

#### *Regenerative Healing' State*

In this state, we allow Gaia to fully direct our physical bodies. This results in extremely rapid (within minutes) physical healing of virtually any body condition or problem, including ones considered impossible to change, such as severed spinal cords or scars. As far as we know, this state can be had independently of any of the other Gaia states. (This state is covered in Volume 3. I've included mention of this state here just to complete the listing of Gaia states.)

### **The Human Species Consciousness**

In this chapter, we're focused on Gaia as a collective of all life on this planet, acting as one being. However, for completeness, I feel it's important to know that Gaia can also be experienced as being composed of individual species, each with a unique identity somewhat separate from the entire biosphere. As I mentioned in Volume 1, at a particular developmental moment shortly after birth, one can see Gaia 'visually' resembling a large apartment building with the wall removed, each room 'containing' a particular species awareness. Our species awareness is intrinsically positive, like Gaia itself.

However, there are other ways to see and experience these individual species consciousnesses. For example, Jeremy Narby describes how it is possible to see our species part of Gaia looking like an island of DNA. Christopher Bache describes a more anthropocentric viewpoint, based on his unusual experiences with collective human pain around certain issues.

#### **Example:**

While doing regression to the archetype developmental event that occurs just after birth, I experienced Gaia as a planet-sized structure, sort of like an

apartment building with the side wall removed, with each rather elongated and flattened room containing a species. Interestingly, I've seen an artistic representation of just such a scene on a T-shirt made up for an Earth Day celebration. If you pull your viewpoint even further back, you can see Gaia as a huge ball (still with the pattern of the 'rooms' visible).

One of my colleagues interpreted the same experience as the sight of a huge planetary ship or Ark, seen in cutout view. She related this to the traditional depictions of Noah's Ark, often represented in cutout view with a room for each species of animal.

Note that there is another experience during regression that can sometimes be confused with the species or Gaia consciousness. From the viewpoint of the sperm or egg, the parents are seen as gigantic assemblages of cells, beings of overwhelming size with purposes that can't be grasped by the single cell that you are. This latter view is a lot like seeing a huge mountain from close up, with every bit of it made up of cells.

#### *'Inner Harmony' State*

Our species consciousness can also be experienced in a state we call 'Inner Harmony'. This extremely important state gives a feeling of harmony that radiates from the flesh of one's body.

It has another aspect: when one has the state fully, one can close one's eyes and 'see' a structure, almost like an island of strands that is lit with diffuse golden light in a fluorescent black space. These strands are a visual representation of our genome itself. Experientially, we call this the 'golden web', and the ability to see it, 'Seeing the Golden Web'. When the Inner Harmony state is at its maximum, one can see the golden webbing by simply closing one's eyes. One method to see the golden webbing for people without the full state is to choose to feel our species mind's desire to perfect itself, or in other words be willing to feel its 'dream for perfection'. The species mind feels like it is outside of time, and from that perspective is continuously trying different modifications of parts of itself in the past and the future in its attempt to perfect its overall genome.

#### Example:

Christopher Bache writes about our species mind and Gaia while comparing Grof to Monroe: "In psychedelic experience, on the other hand, the inhabitants of the rings, instead of existing as separate points of light sometimes merge into luminous strands that appear to form the sinews of massive forms of intelligence, described here as the species-mind, or the Gaia-mind that cradles the species mind." *Dark Night, Early Dawn*, page 144.

## Key Points:

- The planet has a self-aware consciousness that we call Gaia.
- Gaia directs every organism on the planet on how and when to grow and develop, and how to respond to traumas to avoid damage.
- Communication with Gaia is responsible for the success of manifesting techniques like the 15-Minute Miracle.
- A number of Gaia states exist. The core is a simple awareness of Gaia itself, as if it were a loving mother.

## Suggested Reading and Websites

### Gaia from a scientific perspective

- Bruce Lipton, *Biology of Belief: The Power of Consciousness, Matter and Miracles*, Mountain of Love, 2005.
- James Lovelock, *Gaia: A New Look at Life on Earth*, Oxford University Press, 1979
- James Lovelock, *Healing Gaia: Practical Medicine for the Planet*, Harmony Books, 1991.
- James Lovelock, *The Ages of Gaia: A Biography of Our Living Earth*, W. W. Norton and Company, 1995.
- Stephen Schneider and Penelope Boston, editors, *Scientists on Gaia*, MIT Press, 1991.
- Rupert Sheldrake, *The Rebirth of Nature: The Greening of Science and God*, Century, 1990.

### Gaia from a Native American perspective

- Doug Boyd, *Mad Bear: Spirit, Healing, and the Sacred in the Life of a Native American Medicine Man*, Touchstone Simon and Schuster, NY, 1994.
- Peter Knudtson and David Suzuki, *Wisdom of the Elders: Sacred Native Stories of Nature*, Bantam, 1993.

### Gaia from a shamanic perspective

- Tom Brown, Jr., *Grandfather*, Berkley Publishing Group, 2001. See Chapters 3, 4 and 9 for descriptions of the ‘spirit-that-moves-in-all-things’ (Gaia).
- Tom Brown, Jr., *Awakening Spirits*, Berkley Publishing Group, 1994. This is a beginning ‘how to’ for shamans to acquire Inner Vision, Tom’s name for communication with Gaia.
- Michael Harner, *The Way of the Shaman: Tenth Anniversary Edition*, HarperSanFrancisco, 1990.
- Foundation for Shamanic Studies, [www.shamanism.org](http://www.shamanism.org).

- Jeremy Narby, *The Cosmic Serpent: DNA and the Origins of Knowledge*, J. P. Tarcher, 1999. Light reading, but relevant to understanding the connection between DNA and Gaia.
- F. Bruce Lamb, *Wizard of the Upper Amazon: The Story of Manuel Codova-Rios*, North Atlantic Books, 1986. Describes a traditional shamanic training in plant medicine using ayahuasca in the Amazon. This substance appears to facilitate direct communion with Gaia. Fascinating reading.

#### **Human species consciousness, a subset of Gaia**

- Christopher Bache, *Dark Night, Early Dawn: Steps to a Deep Ecology of Mind*, State University of New York Press, 2000. Describes how Grof's and his own work tie together in understanding our human 'species consciousness', a subset of Gaia. Also describes the approaching near-death of our species, with its purpose and consequences.

#### **Gaia and Gaia states experientially**

- Stanislav Grof, *The Adventure of Self-Discovery*, State University of New York Press, 1988, pp. 55, pp. 66-67.

#### **Manifesting and Gaia connection peak state processes**

- Jacquelyn Aldana, *The 15-Minute Miracle Revealed*, Inner Wisdom Publications, Los Gatos CA, 2003.
- Lynn Grabhorn, *Excuse Me, Your Life is Waiting: The Astonishing Power of Feelings*, Hampton Roads, 2000.
- Laura Holmes, *Peak Evolution: Beyond Peak Performance and Peak Experience*, National, 2001.
- Ann Meyer and Peter Meyer, *Being a Christ*, Dawning Publications, 1975.
- Anthony Robbins, *Awaken the Giant Within: How to Take Immediate Control of Your Mental, Physical, and Financial Destiny!*, Summit Books, 1991.

## Talking with Gaia: Gaia Commands and Messages

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At Kate Sorensen's ranch I'd discovered the existence of Gaia. However, in spite of all our attempts over the next several days, Kate couldn't hear Gaia. A while later, I left Arizona and went back to British Columbia, where I started to work with Wes Gietz again. Fortunately, when we worked with the one Gaia command I knew, he became able to hear Gaia to some degree. But it wasn't until quite a number of months later, at a workshop organized by Dr. Marie Green in Utah, that Dr. Deola Perry started hearing Gaia when she accidentally healed the same developmental event that I had done. We tried giving this ability to a number of other colleagues and students without success. So our explorations of the realm of Gaia started with just Wes and Deola.

Over the next year, during 1999, I alternated between stunned amazement and impatient frustration as my 'lab 'rats' (as they called themselves) would make progress then hit another disabling trauma. But slowly, we started to understand more and more about Gaia, especially the limitations that it had in communicating with us.

It wasn't until 2003 that I ran into someone who could hear Gaia naturally, even though she didn't realize there was even a Gaia to hear. Because she didn't have trauma blocking her ability, I was able to get a better handle on where in development the ability to hear Gaia first occurred. The current process still isn't perfect, but it works well enough that I can now run groups of people through the process with a reasonable number of people gaining the ability.

Again, I'm struck by how similar this work is to my old engineering job. Each breakthrough, after a time of development, allows further breakthroughs. My current students often feel that their progress is too slow, but they have no idea how long it took to derive the basic tools and concepts! Just figuring out what *should* be happening was a major hurdle. Each year, the pace of the work continues to drastically speed up, as the tools and concepts continue to improve – and I hope that writing these books will help make the process even faster.

## Chapter Overview

This chapter expands on the material about Gaia from the previous chapter. We explore the rather amazing peak state that gives us the ability to actually ‘hear’ Gaia speaking to us. This ability is much more than just a curiosity – rather, it is the key to making simple processes for unblocking peak states and healing serious physical and emotional conditions, which will be covered in the next chapter.

We’ll introduce techniques to experience Gaia, understand how developmental stages are triggered, what causes self-identities in the triune brains, how communication from Gaia affects peak states, and Gaia’s involvement with healing. We’ll identify the most common trauma that blocks the connection to Gaia in all mammals, and show why it affects other peak states.

We’ll also apply this information in practical ways. Chapter 17 describes a process using Gaia commands that allow people to heal developmental stage traumas relevant to peak states without needing to consciously regress. The chapters on other states also use the concepts we’re deriving here to generate simple processes for acquiring those states.

*States, abilities and experiences in this chapter:*

- Gaia Communication state
- Inner Vision ability

## Biological Instructions – Gaia Commands

As I’ve noted in Chapter 9, Gaia is constantly trying to maintain our health and well-being through the very poor communication link that most people have. resulting in, among other things, the experience of intuition. To explain the nature of the relationship between each of us and Gaia, I often use the analogy of a cell in a body. However, this analogy is too limited, because the metaphor of cells being nourished automatically by internal biological systems falls far, far short of the truth. Instead, the Gaia consciousness is almost unfathomably immense and intelligent. Gaia is consciously, constantly monitoring and giving precise, detailed real-time instructions to every life form on the planet, including all the single-celled organisms. Even more amazingly, it turns out that Gaia triggers and micro-manages the progress of *all developmental stages for every organism on the planet*. Simultaneously, it also gives instructions to our precellular, fetal, child, and adult selves on how to respond to any traumatic events and developmental problems as they happen.

One might suppose that this communication happens in some sort of subtle, diffuse biological way, perhaps with a hormone-like chemical in the air or water. However, the analogy of cells in our body is misleading, because the transmission medium is *not* chemical in nature. Instead, Gaia gives instructions – that can be heard with the right kind of peak state – as short, direct commands *that can be translated into words*. One of our team described it as being like

translating sign language into English. In the full state, the short phrases sound like they are spoken by all the biological organisms of the planet simultaneously with a kind of a chorus or echo effect. The commands also ‘sound’ like commands when you ‘hear’ them, as if the unstated words “do this action now” accompanied them. Naturally enough, we call these detailed instructions “Gaia commands” or “Gaia instructions” because they are intended to be obeyed by the organisms that are part of Gaia, in the same way that our cells are expected to work in alignment with the needs of our body.

In Volume 1, we used the word ‘instruction’ rather than ‘command’ for these phrases, even though they sound more like commands to someone who can hear them. This was to introduce the concept in a more emotionally neutral way. Thus, although we use the terms interchangeably, we will generally use the more accurate word ‘command’ in this volume.

#### Example:

One of our researchers said this about hearing Gaia commands and messages: “I focus in my chest, and experience it from the throat to the bottom of the solar plexus. I have the idea that I have to experience it in my whole body. When I’m listening for a Gaia message, I focus on the upper chest. When it comes in, it comes in from the back of the head, through the head, out the front of the head and down the chest. It is not auditory. And I don’t know how to describe what the impression is like. It’s different than just a thought coming into my mind. I can tell when it’s me thinking and when it’s Gaia. I don’t feel the presence of someone I love, but feel a reaching out from my chest. There is a slight feeling of movement in the chest and solar plexus when I’m really tuned into Gaia. I feel it almost all the time now, and when I’m working and using it, it intensifies. I can intensify it if I just sit with my eyes closed, and focus on it. A lot of the time I get the sense that something’s coming in through the top of my head. When I turn my head to the side, it cuts it off. When I’m able to do the Gaia connection, it expands – I can feel my shoulders moving farther apart, and the front of my chest widening. If I sit with it long enough, then I start to feel the endorphins going. I turn it into English, from the grammatical structure of American sign language; the structure of Gaia speaking is similar.”

#### Example:

Nancy describes hearing Gaia: “Behind my closed eyes, my eyes move to the outside edge of each socket. The ear canal widens and moves outwards. I get a physical sensation of widening myself, of opening up to hearing Gaia. What is the most important to me is to be quiet enough to let her speak, and not force my own will on the situation at hand. I use the command “Calm and be still” to quiet myself.

I don’t audibly hear the words, but ideas and commands come into my awareness. It’s a ‘knowing’ of what needs to be done or said. When Gaia

speaks, there is a calm but powerful presence, and an absolute certainty or my part that it is coming from her. Sometimes I feel like a child, and she's a loving, protective mother, while sometimes I feel like an adult who is being honored with this knowledge."

There are several other unexpected features of Gaia commands that make them extremely useful for our work with peak states and healing. First, and of critical importance, the particular words that can be used to translate a Gaia command into English (or whatever language) *are unique to the command*. Vague or imprecise wording won't work – precision is required. Certain spoken words in human languages are directly identified with the syntax of Gaia commands. There is a unique choice in every language; however, simply translating Gaia commands into another language using a dictionary doesn't usually work. We've found that someone who speaks the language and can hear the commands from Gaia is needed to get the correct translations. (Although there is another way – two people, one who is bilingual and another who can hear Gaia can use trial and error to translate the command correctly.)

Some commands are the kind of thing you'd expect, ordering us to do things that are clearly biological in nature. These range from triggering DNA and RNA sequences to the activities of the organelle membranes. However, some commands involve 'spiritual' dimensions of existence that are relevant to the particular developmental stage, and when translated into English sound like something right out of church sermons. In fact, there must have been an awareness of Gaia commands in some church fathers for the language to be so close to the developmental stage commands. For example, the phrase "Join forces in glory" is used in the Inner Peace Process to acquire the Inner Peace peak state, yet this Christian-sounding phrase is unique – only those words fit, and modifying them makes them useless for our work as they no longer are an accurate translation.

It surprises many to find out that Gaia continues to give us commands even after birth, and in fact continues trying to direct us our whole lives. These commands range from biological instructions affecting our organs and hormones to our actions in the real world. For example, once you can hear Gaia, you can also hear it directing such prosaic actions as how to place your feet as you walk. This has profound implications for therapists working with clients, which we'll explore in the following sections.

Another feature of Gaia commands makes them ideal for simple, general healing or peak state processes. The Gaia commands for any given developmental event *are the same for everyone*. Of course, if a trauma from outside sources (such as a blow to the body) was occurring at that time, there would be more commands from Gaia instructing the organism in how to deal with the problem, but the core set of commands is the same. In order to hear the minimum, core set of Gaia commands in a developmental event, our volunteers have to heal at each command before moving on to the next, because the

commands build on each other. This is a difficult and time-consuming process. Tabulated commands for some of the stages are found in our class manual.

The existence of Gaia commands has profound implications for our work with prenatal regression and techniques for acquiring peak states of consciousness. As you've learned, key developmental events are critical for peak states. Yet, trying to list and describe them using visual or kinesthetic words so others can access them is extremely difficult and uncertain. This has been a major stumbling block in the field of prenatal psychology, because there were no simple ways to access particular events. However, Gaia commands now allow us to easily access targeted events, and allow us to give detailed, quantized moment-by-moment descriptions of exactly what is supposed to happen. It turns out that Gaia commands also allow us to create new ways to access and heal trauma; this is covered in detail in later chapters.

One area of confusion that my students have is about how we 'hear' Gaia. Gaia doesn't communicate directly to our conscious awareness (the CoA). Instead, Gaia acts and communicates with the *biological* organism, the triune brains. In other words, 'we' can't hear Gaia, but our triune brains can, and they can pass on what they hear. Thus, to become aware of the Gaia commands means that one has to un-traumatize the brains enough so they can become consciously aware of the Gaia commands, and then the CoA self has to be merged enough with the triune brains to hear what they're hearing. (Again, I use the word 'hear' for convenience – even though Gaia seems to be speaking in words, there is no audible message.)

However, although the picture of a profoundly intelligent and caring organism that guides us at all times with only our welfare in mind is reasonably accurate, a quick look at the state of the world quickly shows that something is drastically amiss with this picture. If we were completely merged and not separate from Gaia, we would respond to the Gaia commands automatically without confusion or error. Unfortunately, even *in utero* or earlier most people's connection to Gaia is less than perfect. In particular, generational traumas interfere with the ability to hear Gaia correctly. The commands are sometimes understood, sometimes partially understood, and worse, are sometimes completely misunderstood. In particular, the commands are sent to us as if we were a single organism. Gaia generally doesn't send different commands for each of the triune brains. This turns out to be one of the major problems with Gaia commands, as each of the brains, depending on its separation from Gaia, can respond with confusion or by acting in conflicting ways. I go into the details of this problem in following sections.

#### **Definition: Gaia command (or Gaia instruction)**

The planetary consciousness Gaia monitors and initiates all physical developmental changes and healing *in every organism* on the planet. It communicates in ways that can be translated into phrases in human language. We call these phrases Gaia 'commands', 'phrases' or 'instructions'. Few organisms follow them precisely – instead, due to

various kinds of trauma, they are often ignored, done only partially or completely misunderstood. This confusion can also occur on a brain-by-brain basis: the different brains sometimes wrongly interpret the same command, which can also cause conflicts between them.

### **The Syntax of Gaia Commands**

Gaia commands have a rather unique structure. They're not sentences, but rather are composed of short action phrases. Each word has meaning, and omitting words or changing the words even slightly can make it useless. With practice and exposure, it becomes easy to spot real Gaia command syntax. Just what are the distinguishing characteristics of a Gaia command? First, the command is intrinsically positive. There are no commands that are designed to harm. Secondly, there are not any 'do not' commands – instead, commands always order a positive action, as in 'be this' or 'do this' or 'avoid that'. Third, the commands don't tell one why one should do something, rather, they just tell one *what* to do.

#### **Example:**

One student was working on the Gaia command, "Separate from the mother" (as explained later in this chapter). Saying this command caused him discomfort, because old trauma around implementing this command this was starting to surface. To avoid the pain, he changed the phrase to "Separate from mother". The pain vanished, and he was quite pleased with himself because, as he thought, he'd gotten the command as it was supposed to be. However, removing the word 'the' had changed the meaning, and it was no longer a Gaia command. The pain vanished because now it was just a phrase, like saying "I'll have two cokes and a burger".

There are different kinds of Gaia commands. Some are 'major' commands. These commands are like overall orders, a bit like saying, "bake a raisin muffin." The first Gaia command I ever heard, "Separate from the mother" was a major command. Major commands are composed of subcommands – subcommands give the specific details of the major command, as if they were telling you to measure out a cup of flour, grease the pan, and so on. When one listens to Gaia commands at developmental events, one tends to hear only the major commands. The subcommands are subtly included in the major commands, as if in the background, although if one really focuses on a major command, one can start to resolve the detailed minor subcommands. In our work, we try to stay with just the major commands and we usually omit the word 'major' – it is implied. However, sometimes our volunteers who are compiling these lists of commands have traumas involving a minor subcommand (as if wondering how much exactly is a pinch of cinnamon, or what was that unusual ingredient). As far as they're concerned, these commands suddenly sound 'major', but mostly because they have significant traumatic reactions to them. Sorting this out takes work and several people comparing the sequences of commands. Sometimes the

subcommands are also very important – they have such a major impact on peak states or health conditions, that we spend time breaking a sequence down into the relevant parts to make sure the client can fully heal that particular developmental event. We indicate major and minor Gaia commands in the same way a person uses addresses on the internet: a major and sub command are separated by a “/” character. For example, “Bake a cake/ measure 2 cups of flour” would define a particular sub-step in the overall task. In practice, we mostly use major and some minor commands.

In regression, one hears the major and minor commands together, as if in foreground and background. On rare occasions, one gets the same effect if there are two organelles that are being commanded simultaneously. For example, this might occur during coalescence as two precellular organelles are doing their final merge. In this case we don’t use the commands together, even though we heard them that way – instead, we use them separately while focusing on the corresponding organelle.

As I mentioned previously, Gaia commands are the same for everyone, and to a first approximation, this statement is true. However, there are some caveats. We can sometimes use equivalent phrases for the same developmental event moment. In my experience, this means that the person getting the phrase still had some trauma and the phrase they got wasn’t the optimal one, but in many situations the alternative is adequate for the job. This usually has to do with trauma the person had from previous, similar commands – earlier trauma involving similar command words makes it difficult to hear later command phrases involving similar or identical words. A good example of this is the word ‘separate’ – for most people, it is difficult to hear correctly because of all the very early precellular developmental events that used this word. These people tend to find alternative words to describe the same action. However, this isn’t to suggest that there are or should be alternative translations – when I hear a command properly, it sounds a bit as if spoken in echoing words, without any possible secondary choices. We spend a lot of time getting the best, most efficient versions of the commands.

#### Example:

At a key moment in conception, Gaia issues a command to “Join forces in glory”. One of our colleagues suggested that Gaia syntax might require the client to ‘learn’ – actually, unblock – the meaning of each word before they can use them correctly when combined in a single command. Thus, ‘join’ and ‘forces’ would need to be healed separately so as to build up to the overall command. Fortunately, this is usually taken care of automatically when working with one of our Gaia command processes.

Along these lines, the volunteers who are hearing these sets of developmental event commands sometimes distort them to fit their own particular biases. For example, one of my colleagues liked poetic, spiritual-sounding phrases and would subtly change the wording to fit her biases.

Consultation with colleagues doing the same developmental events is key to avoiding such unconscious distortions. Occasionally, there is enough leeway with a particular command that a slightly distorted version will still work. Other commands need to be ‘dead center’ so that normal variations in language between people won’t move them outside the range of effectiveness. In those cases, even minor changes make the command ineffective. For example, “Separate from the mother” works whereas “Separate from mother” doesn’t.

One last point about Gaia commands. These commands are not toys or mantras. The example Gaia commands in this book, and the more complete sets in our manuals, are used to evoke traumas. For people who have major trauma around a Gaia command, even reading or hearing them can evoke all sorts of traumatic symptoms such as vomiting, panic, grief, and so on. Some people have a delayed reaction to the phrases, and will not develop symptoms until they have run the command over in their minds a number of times. However, others who have a current issue that is based on a command trauma will react at the first mention of the phrase. During workshops, about 15% of our students become nauseous or throw up when we say some key phrases. Thus, when reading the Gaia commands, be aware that this can easily happen to you or your students.

#### Example:

I was at a conference, speaking to a colleague during a meal. She had a current issue that I recognized as being directly caused by a particular moment in implantation. I told her about Gaia commands, how to use them to heal, and wrote down the key phrase, “Purify and protect”. She found that just looking at the phrase on the piece of paper made her feel nauseous.

#### The Gaia Communication State

We all have some connection to Gaia, even if it is totally unconscious. It is an intrinsic part of our existence as biological organisms, and is necessary for life. For example, if we didn’t have such a connection, we would not have perceived the instructions necessary to develop as biological organisms, and we would have died *in utero* or earlier. On the other hand, the ability to *consciously* ‘hear’ Gaia is rarely found in the general population.

As I wrote in Volume 1, the developmental events model predicts that any given unusual ability can be acquired by accessing the trauma-free sensation of the relevant developmental moments – and hearing Gaia is no exception. Of course, all we are really doing is unblocking our resistance to hearing Gaia as it communicates with us. As demonstrated in the Inner Peace Process found in Volume 1, it is fascinating to realize that you can use Gaia commands that you can’t hear yourself, to unblock your ability to hear commands. Chapter 17 covers these types of process in detail.

Acquiring the Gaia Communication state is necessary for people doing our research and development work, since they need it to be able to generate simple peak state processes for people in average consciousness.

**Example:**

Both Wes Gietz and Maureen Chandler get the right feeling for communicating with Gaia when they go out in the woods by themselves. They had assumed that it was necessary to be close to the natural world, and were both surprised to realize that what they were doing was getting in touch with that early developmental moment before coalescence.

**Example:**

Adam Waisel writes: “To hear Gaia phrases, I go to my forward right and imagine the coalescence assembly place (just after the membranes from the spirals). It doesn’t look like anything, I just feel like I’m there. I ask Gaia a question, and some answer appears in my mind as words, as if I’d thought the words, but I know that I didn’t. Sometimes I don’t get an answer, but then I usually sense a dark space, as if it takes the place of the phrase. I can sense its something-ness, as if there is something there, only I can’t see it.”

How does this ability affect people? Although the ability gives you a powerful way to heal people once you’ve been trained in its use, it doesn’t change your inner experience very much. Gaia connection is such a natural way of being that it feels as though not much has happened. Although this is not exactly a drawback or problem, when working with clients we sometimes hear so much coming from Gaia that it’s tempting to tell it to shut up for a minute, as Maureen Chandler finds herself doing on occasion!

Incidentally, when writing this book, I debated on whether to call hearing Gaia an ability or a state. An ability comes and goes, and depends on feeling the sensation that occurs during a key developmental event. This is in contrast to a state, which is permanent after the key developmental moment is completely healed. Hearing Gaia becomes permanently available after the blocking traumas are completely healed, and hence needs to be considered a state that has that ability as part of it.

***Inner Vision Ability***

Tom Brown Jr. teaches his students how to acquire and use an ability he calls ‘Inner Vision’. This ability allows one to get information about plants, animals, the environment, and other issues. Inner Vision is probably the Gaia Communication state, but Brown does not emphasize any auditory content (the full Gaia Communication state involves auditory, visual, kinesthetic and intuitive information). Currently, to acknowledge Brown’s nomenclature but to avoid confusion with the names, I list Inner Vision as a peak ability, and call it a subset of the full Gaia Communication state. The Inner Vision ability is not an aspect of the out-of-body experience, nor is it limited to seeing inside one’s own body, as one might suppose from the name.

### **Conversing with Gaia: Gaia Messages**

When we first discovered the existence of Gaia, we assumed it only directed growth in developmental events. Then we found that the commands responded to the organism's external circumstances, especially traumatic ones, in real time as the injury was happening. One day we realized that we could communicate with Gaia in the present, in a question-and-answer mode, and it would talk to us directly!

At the time, I wasn't sure if I should trust these exchanges. I speculated that an intelligence as obviously complex as Gaia might use indirect or misleading instructions to guide us in ways it wanted, not in ways that we were intending. However, we have never found an example of such a behavior, but given the intelligence of Gaia, it's probable that we wouldn't discover this even if it were acting this way. Since then, as I've understood the nature of Gaia more fully, I no longer have this concern.

We soon found that at times Gaia would be saying something, but that the person listening couldn't hear anything. This turned out to be because the listener had traumas around the message being sent, and would block it from their awareness.

#### **Example:**

Dr. Deola Perry was asking Gaia questions about the optimum use of volunteers in our work with peak states. As we discussed this, I noticed that Dr. Marie Green's name never came up. Becoming suspicious, we did trauma healing around Deola's feelings when she tried to hear what Gaia was saying. They were around death, and after healing she was able to hear the Gaia message that she had been blocking. Gaia had been saying that Marie had a heart condition that would soon kill her, which was why her name never came up. Reality checking is critical in this work, so we asked Marie about this. To our shock, she told us that she did indeed have a heart condition that was rapidly worsening. I stopped everything I was doing focused on this exclusively, and a few weeks later we successfully induced 'regenerative healing' in her and repaired her heart.

We then discovered the hard way that after a while the listener could distort or even make up Gaia messages to fit internal biases or traumas. This remains a problem that causes us to cross-check, explore implications, and distrust any information that can't be verified in physical reality. Tom Brown, Jr. describes the same problem around using Inner Vision to select plants for healing. His students will be right almost all the time – but the few times they're not could be deadly.

#### **Example:**

In our early work on regenerative healing, one of our volunteers thought she had figured out how to regrow her womb (which had been surgically removed years earlier) after communicating with Gaia. It took a few weeks

to get an ultrasound, and to our disappointment her body hadn't healed. On the positive side, the puzzlement of the scan technicians to our request did provide a lot of comic relief! This episode did verify that it was possible to get imaginary Gaia messages and not realize it.

Another important point in this discussion is to understand the limitations of this type of communication. Gaia is *not* human; Gaia communications are generally communicated as commands. This format can't be used to answer 'why' questions easily, much to our frustration! Additionally, Gaia is intrinsically positive – negative concepts and questions are apparently not understood or perceived by Gaia, limiting the range of possible topics. It is possible to deduce answers, but it isn't as obvious as one might assume. From Gaia's perspective, talking to us is probably similar to having a chat with, say, a skin cell on our palm.

All this being said, we do find the ability to hear Gaia messages and commands greatly facilitates healing our clients. It's like having a planet-sized supercomputer willing to help us out when we're stuck on a problem. This fascinating and important aspect of Gaia communication is explored in depth in Chapter 17.

### **Definition: Gaia message**

It is possible to have two-way conscious communication with the planetary consciousness Gaia for informational purposes, rather than just for guiding real-time biological processes. It can be done in a variety of ways: via intuition, sensations, feelings, images, and 'audibly'. However, in this text we generally refer to Gaia 'messages' as ones that are 'heard' or interpreted in language. Gaia 'speaks' in command phrases, making the answers to 'why' questions often difficult to clarify.

### **Gaia Commands and Trauma**

One of the more interesting discoveries we made was that when we went back to a trauma, *in utero* or afterwards, there were Gaia commands telling us what we needed to do to experience the event either without damage ("Duck!") or how to heal it on the spot ("Plug the hole!"). In a previous chapter, I mentioned how some therapies change the past. (WHH and TIR are examples of therapies that have this effect.) What we find empirically supports this idea: if we regress to a trauma, and keep replaying it over and over while healing more of it each time, there will be fewer commands on each run-through and the commands involved will often change. This is either because Gaia's commands to the client in the past change as the past changes, and the new commands fit what still needs to be healed; or because the commands that are correctly done are then followed so automatically that they no longer are 'heard'. We strongly suspect that the former is the case, as it is our experience that developmental event commands reduce to a minimum set upon repeated healing.

**Example:**

A client had experienced electroshock therapy accidentally done without anesthesia. Excruciating pain and traumas resulted. We used WHH on her repeatedly, while she listened to the messages. She found that she could ‘hear’ the Gaia commands telling her what to do physically to minimize the damage to her body. Often, she didn’t understand the commands right away, but after sitting with them for a while the meaning would become clear. After a dozen or so repeats of the trauma sequence, she no longer experienced what happened with any pain or difficulty. The final and only Gaia command that she heard was one that told her to move her brain away from the skull.

When using regression techniques like WHH, serious, physical *in utero* damage simply vanishes from those past experiences as if the damage never happened. At first, I just accepted this as what was supposed to happen using our particular techniques. It wasn’t until years later that I realized that the extent of the physical repair we were seeing was far outside what was possible under *any* normal circumstances. It turns out that what we were doing was actually regenerative healing of the fetus in the past. Thus, using WHH turned out to be a simple way for students to get a taste of what ‘miracle healing’, or ‘regenerative healing’ feels like.

Because of the hazards, I don’t give lists of Gaia commands for key developmental events in this book. Instead, they are included in my training manuals. They are the *minimum* command sets necessary for those events. They are the commands that have to be executed to make the necessary developmental changes occur correctly. However, any given person might have additions to this minimum set, as Gaia gives additional instructions on how to deal with any other problems that arose for that particular person. We derived the minimum set by having our researchers go through the events until they were trauma free. With each repetition, there would be fewer and fewer commands until only the absolutely necessary ones were left, the ones that didn’t involve any injury repairs.

**Identifying Gaia Commands for Peak States**

When we first realized we could ask Gaia questions, we immediately asked Gaia for the commands for acquiring specific peak states. It felt like we had found Aladdin’s lamp and made our first wish a wish for thousands of more wishes! This gave both very encouraging and discouraging results – some of the commands worked well, but most didn’t – and we didn’t know why. It turns out that Gaia was sending the correct commands, but they were not all being heard because the corresponding developmental event trauma was blocking our ‘hearing’. To compensate, Gaia would then send commands that didn’t work as well, but which could be heard. This was quite frustrating for us! Since we had no idea which moment in development these commands were from, we couldn’t

just regress and eliminate the traumas that were blocking our perceptions of the commands.

To solve this problem, we went back to ‘brute force and ignorance’. The volunteers who could hear Gaia – a constantly changing group, which made all of this much harder – spent the next five years doing slow, painful regression healing for each developmental event so that we could then get the key commands during the event. We would regress to a developmental event, and listen for the first Gaia command that we could find. They then would fully heal all of the traumas around that moment. As they stayed regressed to that moment, they would then start to hear the next Gaia command in the sequence. Fully healing it would bring it into clarity, and they could then barely catch the next one, and so on. After doing a complete sequence, they would then go back to find out which commands were the ones necessary for an event, and which ones were specific to just their injuries or problems during those events. We would also watch for any peak states that might arise. In practice, this approach has a serious drawback: as we don’t know ahead of time what is supposed to happen in these developmental events, it is all too easy to stop before everything is healed and the full effect of the event is felt.

Still, it seemed like there must be some way to make Aladdin’s Lamp work. Eventually I came up with a way around this problem of the commands being silenced by trauma. With the Primary Cell Technique, one can ask Gaia for a command for a particular event or state, hear nothing, yet still perceive which trauma ‘strings’ have been triggered. One then immediately heals these traumas to unblock the message. This almost worked too well! My first test was so traumatic to my colleague when the repressed material was uncovered that he refused to ever do it again, and withdrew from the Institute. However, once we knew to expect this problem it just became part of the job. In practice, we found we needed to use a combination of these approaches to find optimal Gaia commands.

### The Physical Gaia Communication Mechanism

Given that Gaia communicates with each of us, the next logical question is “Exactly how does it do this?” At this time, we don’t have an answer to the question, so instead I’ll cover what we do know.

At first, we hypothesized that it might be through a non-physical mechanism, called ‘cords’ in the psychic literature. Briefly, these can be ‘seen’ as black or gray hollow tubes of various diameters going from one person to another. Do you recall from childhood the game where you took a string with empty tin cans at either end, then used it like a telephone? Cords are like that, because they link two people together through a hollow communication channel. Unfortunately, for the most part what passes through them is a fixed, dysfunctional phrase based on interlocking traumas between the two people. For example, one person’s trauma might be saying “I have to separate”, while the other person’s trauma might be saying “I can’t let you go”. Normally, most traumas don’t have much of an effect on us, staying quiescent in the background.

However, with cord connections the painful feelings from the traumas are kept activated continuously, as the phrases are repeated over and over through the cord.

We hypothesized that these cords might be the way that Gaia connects between the individual organisms that make it up. By analogy, it would be like an individual's big neural net, with cords acting like nerve cells communicating between structures in a person's body. This would suggest that the use of cords for trauma connections is just a misuse of a more fundamental mechanism. This idea was bolstered when my shaman friend, Koda, noticed that he used cords when he communicated with plants. However, this hypothesis turned out to be incorrect. We first ran a few tests with volunteers who no longer had any obvious cords, and we did not note any new ones appearing while they were hearing Gaia commands. Then I realized it couldn't be the mechanism for another reason – the very earliest developmental events use Gaia commands, but the organisms are far too small and simple to interact with cords.

Electromagnetic signals are also very unlikely to be the transmission medium. Since Gaia evolved as extremely tiny viral and single-celled organisms, it is extremely unlikely that electromagnetic communication was used to tie its awareness together. Any possible signals transmitted from microbes would be minuscule and extremely short range, due to lack of power and loss of signal at the very high frequencies needed (micron-sized transmitter antenna lengths dictate that only extremely high frequencies could be transmitted). Additionally, the severe electromagnetic conditions on this planet during its early formation would have drastically interfered with any such mechanism. We also know that Gaia commands are required for nonhuman cellular and human fetal development. As far as I know, complete electromagnetic shielding, say in an enclosed metal room, in deep mines, or up in space has no effect on growth or life.

It is much more likely that Gaia communicates via quantum effects, perhaps in carbon nanotubes or their equivalent. For example, the precellular brains hear Gaia from their first moment, yet they have hardly any substance to them. Whatever the 'receiver' is, it must be on the scale of a few, probably carbon-based, molecules.

Perhaps a way to study the communication mechanism could be done via space probes. Is there a distance limitation to this link, or perhaps a time lag that shows up in space or far space probes? If terrestrial biological organisms far in space don't have a problem, it would certainly imply Gaia uses a type of communication that doesn't use the electromagnetic spectrum. In space, it also might be easier to identify the link mechanism – perhaps there would be less background Gaia 'chatter' than on earth, making the 'signal' more noticeable.

This question of exactly how Gaia binds itself into a global brain is an important one. If it is some technically measurable phenomenon, which I expect it must be, then identifying it would help give acceptance to the entire concept of Gaia to the mainstream scientific community. As an electrical engineer myself, it

would make me feel a lot happier about the entire phenomenon if I could understand how it is done!

### **Misunderstood Gaia Commands**

Some Gaia commands, which should be acted on effortlessly and instantly by the organism receiving them (such as a fetus) are occasionally misunderstood. Misunderstood Gaia commands are one of the key reasons why Gaia can't interact more effectively with the biosphere. I can't stress how big a disaster this problem is – this is the root cause of most of the problems we see in our physical bodies, our lives, and our planet. It is one of the major roots of our blocks to peak states, our healing, and the quality of our lives.

How is misunderstanding a Gaia command even possible? Generational traumas or other problems inside our parents during early development appear to be the source of the confusion to the organism in most cases. Once a Gaia command is misunderstood for any reason, the results are usually experienced by the organism as a trauma. For example, if the command is misunderstood, the body (or heart, or mind) may take some sort of physical action, believing that Gaia requires it. The organism then damages itself without any observable external cause. The triune brains are very much like good little children when experiencing Gaia commands. They try their utmost to obey, even when they don't understand what was meant. This mechanism revealed the cause of an entire class of traumas that was not previously understandable to us.

Once a command is misunderstood for whatever reason and the organism, while trying to obey it, creates physical trauma, new and even worse problems occur. Any command afterwards that is similar to the initial, misunderstood command will also be misunderstood, blocking any later, similar commands from being executed properly. Those initial traumas snowball into more and more difficulties in understanding Gaia commands, and new, apparently unrelated physical traumas occur. Worse, as time goes on the initial damage from the first event interferes with subsequent events in that area of the body. This is similar to an avalanche, which can start as just a small chunk of snow falling. As it moves down, it gathers more and more snow in a spreading, enlarging pattern. By the time we're born, the organism has made a lot of mistakes with accumulated damage based on those early errors. Gaia is aware of this problem and tries to have the brains repair themselves, but the organism now blocks out commands around these traumatic issues. Thus, Gaia's backup strategy of giving repair instructions that the organism can still hear and obey usually isn't completely successful, as these instructions can't 'hit the target' closely enough. As most of the originating misunderstood Gaia commands occur early in the development of the sperm and egg, the consequences can be dire. Is this a life-threatening problem? It is hard to judge, since in our work we only see people who have survived this problem and been born.

Misunderstood Gaia commands or other traumas create very different amounts and types of damage in the different organelle brains. In fact, we generally find that any given person's brains are in quite different states of

health with respect to each other, with different capability in responding to Gaia commands. When the brains join in one body, Gaia speaks to the organism as a whole, addressing the same message to every one of the triune brains identically. However, the different precellular brain traumas can cause a strange internal conflict in the multi-brain system, where one or more of the brains correctly understand the current Gaia command, yet another of the brains does not. This can create problems inside the organism as they come into conflict between their different interpretations of Gaia commands. We see this effect in client's bodies. For example, a person's heart area might be able to feel sacred and light while the other brain areas do not, based on their relative level of injury resulting from damage due to mis-executed Gaia commands. In the best-case scenario, when Gaia gives a command, all the brains respond in unison correctly. In the worst-case scenario, not only do they try to do different things, they might struggle and judge each other over it. Clearly, this sort of thing can cause a merged triune brain to fall apart.

For those people who are aware of Gaia or who can hear the Gaia messages for trauma or developmental stages, trusting that Gaia is going to help really speeds up healing.

#### **Definition: Misunderstood Gaia command**

When the Gaia command (instruction) is misunderstood or misinterpreted by the triune brain involved, we call it a 'misunderstood Gaia command'. Interestingly, for any given Gaia command, not every one of the brains will misunderstand. Misunderstanding a Gaia command usually leads to physical damage inflicted by the organism on itself in its attempt to obey.

#### **Gaia and Triune Brain Pretend Self-identities or Personas**

Misunderstood Gaia commands lead to another major problem in the triune brains of the person. We call this problem 'triune brain pretend self-identities', a concept similar to the idea of 'personas' (and in another variation, projections) from psychology. What they are, how and why they are acquired, and how removing them causes one to enter the realm of the Sacred is the topic of Chapter 11.

#### **Social Applications of the Gaia Communication State**

In this chapter, we've focused on understanding what Gaia is, and on using this understanding to develop techniques to heal traumas. These applications are fairly specialized to therapists, medical researchers, and people who are doing peak states work. However, we can also give ordinary laypeople the ability to actually communicate with this four-billion-year-old, immense awareness. What are some of the implications of this?

First, the potential impact on religious thought is immense. For example, few westerners take Native spirituality and its ideas about Mother Earth seriously. Clearly, the fact that with a little work one can personally talk to Mother Earth herself would make this concept much more credible and

appealing to younger people. It also has tremendous implications for other religious groups.

The environmental movement also stresses the interdependence of all life on earth, with its primary concern that we're destroying the world's ability to support not only other species but also our own. Clearly, giving people the ability to hear Gaia could make a huge difference, both in the level of commitment and in the total number of people who are working to make a difference. It would also let these groups find out, from Gaia itself, what the most important environmental problems and solutions were.

From a purely scientific perspective, asking Gaia questions could lead to dramatic breakthroughs in all kinds of disciplines. Obviously, biology is one of them, but climatology, geology, and possibly all fields of endeavor might benefit. However, we've been so busy working on the material in these books that we haven't had the leisure time to explore! And as we described in a previous section, what we can communicate easily is quite restricted. Interestingly, given the limitations of the material that can be communicated, it is clear that Gaia is willing and does attempt to answer our questions.

### A Gaia Command at Birth Can Block Peak States

In Chapter 2, I mentioned how the fetus's normal peak states of consciousness are lost during the birth process. One of the reasons for this phenomenon is a Gaia command, "Separate from the mother", that initiates the birthing process. This section covers how this command can activate earlier peak state traumas and block the ability to hear Gaia as well as all other peak states.

#### CAUTION

*Preparation is required when working to heal the "separate from the mother" command. This command initiates the baby's rotation to an upside-down position, with its head in the mother's pelvis. Our clients usually experience nausea and dizziness when they start to relive the trauma around this command. Buckets for vomit are sometimes required. Merely saying the phrase can trigger nausea in some people. Also, the placenta is often severely damaged at this message. Later on in life, the loss of loved ones can trigger grief from this trauma.*

#### *The "Separate from the Mother" Gaia Command Initiates Birth*

One of the more puzzling unsolved mysteries in biology is what initiates the birth process. The answer involves Gaia. It turns out that Gaia monitors the condition of fetus and mother, and decides when to start the birthing. At the moment it decides is right, Gaia sends the command, "Separate from the mother!" to the fetus. Immediately afterwards, the fetus turns upside down to put its head in the mother's lower pelvis. (In this description, I've assuming an ideal, trauma-free birthing scenario. For others, the exact timing of the events can vary greatly: for example, many fetuses invert themselves weeks before birth.)

**Example:**

Paula writes: “I had just finished healing the moment in conception when the egg closed the membrane in its ‘chest’ where the sperm entered. When I brought the changes forward to the present, I found that the “separate” command was no longer traumatic. The meaning of the command now was clear – that command was a time to figure out what is me, and what is my mother, a time to be conscious of my boundaries (just outside the amniotic sac is where the boundary is). All it takes is a small shrug to notice what is me and what isn’t. The command is another way of saying “Sort yourselves out” to me and my mother.

**Example:**

Dr. Mary Pellicer worked on the Gaia command “Separate from the mother” for several hours shortly after her first training with me. Once the trauma was activated, she couldn’t shut it off. She felt nausea and several times she thought she would vomit, which was a particular problem on her ride to the airport and on the plane home. After she healed the trauma, she noticed that her lifelong motion sickness had completely vanished, and it never returned. Healing the trauma had no other effect on her already exceptional states of consciousness.

***The “Separate From the Mother” Command Can Block the Ability to Hear Gaia***

The baby in utero can hear and be aware of Gaia, but after birth this ability is generally lost. Why is this? Even if we lose this awareness at birth, why don’t adults doing regression to *in utero* trauma hear the Gaia messages? And since every organism is a part of Gaia, how is it even possible to disconnect itself from itself in this way?

The “Separate from the mother” command is a tragedy for most of our species and for mammals in general. When this instruction occurs with trauma, it can feel like all the living organisms on the planet, especially the single celled-organisms, shout the command like a drill sergeant yelling into one’s entire body. The problem occurs if the fetus misunderstands the command – and most do. The fetus is predisposed to misunderstand the message and traumatize itself because, in almost everyone, there is already trauma around the command word ‘separate’ that gets triggered from early precellular developmental stage traumas (discussed below).

Unfortunately, the worst possible way the fetus can misunderstand the command is also what typically happens (judging from our limited sampling). This worst-case scenario happens because most fetuses instantly obey the word “separate” by separating from *everything they can, including Gaia*, before the full command is heard. Thus, the rest of the command is never received or understood.

Let me re-emphasize this. For most people, the brains (fused or not) hear just “Separate,” and instantly obey what they think is the Gaia command. Like little kids obeying a shouted warning from mom, *the brains ‘separate’ from Gaia and*

*from everything else that they can separate from* – all the realms (the Creator, the Sacred, etc.) and each other, causing an instant loss of peak states. The consequences of this are devastating, because, as we've seen earlier, the brains keep trying to obey the misunderstood Gaia command, *and don't stop trying*. Once that happens, it's a one-way street for many people, for now the fetus can no longer even hear any further communication from Gaia, because the brains stay separated from it. Thus, during one of the worst experiences in a typical human's life, birth, most babies are deprived of exactly the thing they need to get through birth intact, the ability to hear and respond to Gaia's instructions.

Even if the fetus doesn't just hear "separate", and actually perceives the entire command, it typically makes a different mistake. Unfortunately, the concept of 'the mother' and the concept of 'Gaia' feel very similar to most fetuses, so it goes ahead and cuts itself off from Gaia anyway.

This command is the reason that other therapists rarely encounter Gaia consciousness or Gaia commands in their regressed clients. (Of course, many would ignore it anyway because it doesn't fit their understanding and training.) Those clients *don't* hear Gaia *even though their fetal selves do*. This is because as adults they continue to obey the "Separate" command, and faithfully stay separate from Gaia, ignoring what it says, all unknowingly.

Another logical question is, "Why, in four billion years, hasn't Gaia worked a way around this problem?" We don't know at this time. This is a good example of the limitations that Gaia works under, limitations that we don't yet understand.

Finally, how is it even possible for humans as a part of Gaia to lose connection to itself? Wouldn't that be like a neuron pretending it wasn't part of the brain? And in some ways the analogy is apt, as Gaia still sends Gaia commands, even if they're blocked or distorted by the person. We can predict that most and perhaps all people maintain some sort of connection to Gaia, since techniques like Jacquelyn Aldana's 'The 15-Minute Miracle' can still evoke a Gaia connection to one degree or another in most people. (When I was young, I often thought of our species as a sort of cancer in the biosphere, acting in ways that use up resources that eventually kill its own body. However, this cancer analogy isn't accurate – it implies an all-or-nothing relationship with the rest of Gaia, which as I pointed out is not the case. In the last few years, I've learned that much of this behavior is actually due to the tribal block effect, and not some inherent flaw in our species.)

### *The "Separate From the Mother" Command Can Block Triune Brain Fusion Peak States*

As I just mentioned, the misunderstood Gaia command to separate not only blocks further connection to Gaia, it often causes a loss of brain fusion states. The multiple brains have a tendency to misinterpret simple biological Gaia commands as instructions on how they are supposed to interact with each other. When the command to separate is heard by each of the triune brains, they often

wrongly interpret it as a command to separate from each other, and to stay separate, which disrupts triune brain fusion states.

### *Earlier Gaia Commands to “Separate”*

In general, traumas connect together, or ‘stack’ in time, with a central sensation as a theme. This fact is used in a variety of power therapies, like WHH, TIR, EMDR, and Holotropic Breathwork™. These collections of connected traumas are called COEXes (“systems of *condensed experience*”) by Stanislav Grof. For people in average consciousness, the earlier traumas in a stack are what gives the current traumatic event its kick. We don’t just respond to what is happening – instead, we overreact because of the accumulated traumas that get triggered during a current traumatic event. In fact, popular language reflects this: we even call it “getting triggered” when we notice it in ourselves or our friends. The “Separate from the mother” Gaia command also gets its ‘kick’ from earlier traumas around similar commands.

Thus, we’ve found a number of Gaia commands that include the concept of ‘separate’ which contribute to the power and likelihood that the birth message will be misunderstood. It’s possible that these earlier “Separate” commands might sometimes block Gaia connection. However, if so, it’s likely that the precellular organelle does not survive afterwards, so we don’t have any way to check this idea.

#### **Example:**

There are many examples of different ‘separate’ Gaia commands that occur in development. One happens at the end of the ‘Spiral’ stage, just before coalescence. A client had a precellular egg brain separating from the spiral, and the final area that detached corresponded to the bottom of her feet. This area ‘ripped’ when it parted, causing physical pain and interestingly, severe emotional problems in her adult life. Healing this injury with WHH caused the present-time emotions to disappear. (**DANGER:** *accessing this event can trigger irreversible multiple sclerosis in some people.*)

### *Healing the “Separate from the Mother” Command to Recover Peak States*

Given our preceding discussion, one might predict that the “Separate from the mother” command, if obeyed incorrectly, would cause all peak states to be lost. And further, one might suppose that we could never get a peak state unless this command was healed. And finally, one might predict that healing it would cause all peak states to suddenly return. However, all of these predictions turn out to be incorrect.

First, not all states are lost if the ‘separate’ command is misunderstood in the typical fashion. If there is no earlier developmental trauma for a state, the fetus doesn’t try to separate because, to it, there is nothing to separate from – the state is just part of it. It is only the traumatic events that give it a ‘wedge’ to split itself with. By analogy, we wouldn’t think to pull off our arm unless we already had a prosthesis there. That’s why we can restore peak states *without* healing this

command if we heal key developmental events. Going back in time and healing those moments changes the past, and when the changes reach the ‘separate’ command, there is no longer anything the organism can separate from, at least as far as that particular state is concerned.

Let me restate this again using triune brain fusion states as an example. If previous coalescence and other relevant developmental stages are healed, the triune brains hear the ‘separate’ command but do not mistakenly apply it to previously fused triune brains. In other words, the brains separate from fusion (and other) states *only* if they already had traumas around those states when they got the “Separate from the mother” command. Apparently the brains tell themselves “I have to separate from everything else!” but they don’t notice connections that are already working perfectly because it is such an integral part of themselves. This means that we can put someone into a triune brain fusion peak state, or any state for that matter, without healing this command.

However, as a practical matter, we sometimes do need to heal this command to get a state. Say we don’t have all the key developmental events healed for a given state, which is all too likely. So for example, to have stable triune brain fusion states we sometimes need to heal this command because there is still fusion trauma from some event we haven’t yet isolated in the client. Healing the ‘separate’ command sometimes pops the client right into one or more peak states. For other clients it makes no difference because this was not the source of their problem.

We used to give people the ability to hear Gaia by using the same trick that worked for me – we’d have them heal the ‘separate’ command. Unfortunately, this worked less than a third of the time, and even then didn’t usually give clear perceptions of Gaia commands. We still use this as part of the process, as some people *do* need to heal it to get the state.

For quite some time I had hypothesized that trauma around the ‘separate’ command at birth was what blocked peak states. However, after several years of healing it in many clients, I now know that this is only partially true, and there are other, much more dominant mechanisms. Needless to say, this was disappointing. I’d hoped I’d nailed the problem, but instead it was “try, try again”, something that happens all too frequently in this research for my taste!

#### Example:

Dr. Perry was assisting during a WHH workshop when she heard her first Gaia command. She had healed a conception trauma earlier, but still felt a sense of urgency, which led her to just before birth. Here is a transcript of what she said during her regression. Note the other states that started to show up as she worked:

“Something’s about to happen. It’s urgent, there is some fear. I have to do something, I don’t know what it is. Pressure and urgency in back of my head, down the back of neck, across shoulders, not quite down to middle of back. Starting to feel feelings of sacredness. I feel the space between me and the bed.”

"Feels like if I just stay here like this, for not very long, I can come together. I don't know what that means. I'm still feeling some urgency, but not as much. I have some sensation in my upper chest in front and in my throat. Pressure across back of my shoulders is fading away now. Felt like what I was doing was inducing wholeness, I was doing it to my shoulders while it started to happen.

"Really getting bright now. It's not just seeing the light, it's feeling it all over. (Deep breaths). Still a little bit of shaking in my chest, it's calming down. After shaking like that, the light is brighter. It's amazing to me that I don't feel scared (breaths, rough). I have a sense that this is supposed to be happening. It's not unpleasant, it's just strange. Now I'm aware of my thighs, like I was my feet, the outside edge. My focus just went there, not because I put it there. Now to my lower belly. Seems like it just goes where it wants to go. I don't know why, I just keep being amazed I'm not scared. Weird, I feel white. I didn't know white was a feeling. Like in the color white.

"The urgency feels like it's there, but in the distance. The only sense of urgency is only in my head, a cognitive urgency. That's the only way I can describe it.

"It feels like the sensation of sacredness is moving into other areas, not just my hands or chest as before. My whole body feels sacred, even my toes and fingernails. I tell you this, if I'm not glowing now, I never will be. I have a sense that the light isn't just in me, it goes beyond me. I don't know what that means. And I certainly feel good. A column of light goes up to infinity. The light spreads out when it comes to the top.

"I'll summarize what happened: it was before the first contraction. Seems like the hormones were right, in mom and me. It was time. I knew it, she knew it, God knew it. Comes from the heart, knowing this. From the back to the heart. From outside of me. The message was "Separate myself". (Editor's note: She had missed the "from the mother" part in this first accidental experience of Gaia commands.) What triggered this was feelings of urgency and impatience. I felt the urgency of healing the sperm piece, I only had an hour. It was urgent that I heal the loss of light before the class started. The death part was separating from the mother. It felt like a death. It was moving from one life to a beginning of another. From life in the womb to life outside the womb."

#### *Guidelines for Therapists*

- *In professional trainings:* We sometimes heal the "Separate from the mother" command as part of our professional training program in the first few days. However, for some people this command is accompanied by nausea and vomiting, making it tricky to do in large group settings. Obviously, warning the trainees and providing basins for vomit is a very good idea.

- *In one-on-one client settings:* We generally don't heal the "Separate from the mother" command with clients who are working on particular peak states unless it becomes obvious that the healing of earlier traumas is being blocked for some reason. Warning the clients, especially if the session is an absolute necessity if the session is conducted over the telephone. Fortunately, only a small percentage of clients become ill enough to vomit. Most feel only a mild discomfort.

## Key Points:

- Gaia communicates in a way that can be translated into phrases in any language.
- Every developmental stage has particular Gaia commands that are the same for everyone. More commands may be heard if there were problems during the event.
- We can communicate with Gaia in the present.
- Misunderstood Gaia commands create trauma, and directly or indirectly are often the origin of blocks to peak states.
- Certain kinds of misunderstood Gaia commands in early developmental stages cause the brains to create pretend self-identities.
- Certain events, notably during birth, cause the brains to split away from Gaia so that it can no longer be heard and obeyed. This tends to be permanent, and blocks the awareness of Gaia commands when the person regresses to *in utero* experiences.

## Suggested Reading and Websites

I know of no references in the literature about the concept of Gaia commands.

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## Experiencing the Sacred: Brain Self-Identities and the Realm of the Sacred

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A number of years ago I was using Zen Buddhist meditation to help keep my awareness boosted as an aid to deep inner exploration. During that period, I also attended Zen Buddhist *sesshins* where we would use breath and walking meditation from 4:30 AM until 9 PM, with only a few short breaks. After one particular two-day *sesshin*, I returned home and immediately started a Grof Holotropic Breathwork session by myself, as was my normal routine during those years.

As I hyperventilated, I soon felt a feeling of sacredness in my body. A bit later, I became aware of each of the brains – I was in that state where they could communicate, but were not merged together. My awareness moved spontaneously into the body brain in my belly. For the first time, I noticed that there was a subtle but pervasive sense of pain or discomfort in that brain. My normal orientation is to move towards pain, with the idea that I should be able to heal it, and so I focused on that discomfort, trying to experience it fully. I then realized that this pain was driving my body consciousness to pretend it was something it was not, as a way to distance or escape the feeling. It was a bit like a child pretending to be a cowboy, except in this case my body was pretending to be my Dad.

As I continued to stay in the body brain's awareness, I knew intuitively that facing this pain was something that this brain had to do on its own. Support from the other brains would only interfere. My consciousness was completely merged with my body brain – ‘I’ was it – when suddenly my body brain became VERY different. It became a gigantic sacred being in a place of fluorescent darkness. Whatever this change was, it remained when I moved my ‘I’ into my heart brain. As with the body brain, I noticed that there was also a subtle feeling of discomfort or pain in the heart. However, the two pains were not the same. As I continued to focus on the heart’s pain, two or three pretend-selves in the heart came to awareness, Again, suddenly my heart’s self-awareness changed

radically and it also became a huge sacred being floating in fluorescent blackness. I then shifted myself (or my CoA to use the terminology in this book) into my head. This was particularly interesting, because this brain's theme of pain was inadequacy, and it was viewing the other brains with awe and amazement, but didn't feel it could ever become what the others had become. It was fortunate that I decided that there was a consistent pattern here and persevered. This was a much harder struggle, but finally dozens of self-identities flowed forward in a sequence. This suddenly ended and my mind brain also became a huge sacred being.

I was now experiencing myself as three separate huge sacred beings floating in a space of empty fluorescent blackness. Yet there was no longer a sense of 'I' as there had been before. I now experienced that my human body was an extension of these beings into the physical world. It was as if all my life I'd been a fingertip pretending it was the person. My CoA could move forward into my body, or backwards into the fluorescent darkness behind me. There was still a sense of will, but it wasn't like 'my' will in the old sense. It was more like 'I' had quit pretending to be human. This was a very dramatic change in consciousness, not even remotely like anything I'd experienced before. The very concept of 'I' had been changed fundamentally.

In terms of the states described so far in this book, the closest one can come to this experience of no longer being human would be when one completely identifies with Gaia, or with the Creator. All three states exhibit the loss of self and the human experience, but the realm of the Sacred was much more dramatic to me. Unlike the other two where you merge with something larger, when you realize who you really are in the realm of the Sacred, you know it's really your unique fundamental identity as a distinct being. There's also a sense of being dramatically vaster than you thought you were.

I, as three separate beings corresponding to the triune brains, willed myself to be whole, and suddenly we were fused together into one being. I stayed in this state of the Sacred Beings for a few hours, and then I started to experiment with it. I could 'turn it off' then 'turn it on', (i.e. be human or be a sacred being) without knowing how I was doing it. The transition would occur in an instant, and interestingly, when I'd turn the state on, the brains would now already be fused in that place, without any effort to do so on 'my' part. I played with it for a number of hours without any more understanding. Later, I found I could turn it on and off at will with no preparation of any sort. I never did figure out exactly what I was doing to make it happen, but a few months later Reverend Dolores Lucas, who was familiar with the realm of the Sacred herself and in fact used the state in her regenerative healing process, told me that I was using an internal cue to move into the Sacred Beings state. She said that she used an internal trigger herself. I suspect that she was correct, although what the cue is eludes me.

It took five more years to fully understand what I'd done that day and how to make it permanent.

## Chapter Overview

In this chapter we answer fundamental questions about the experience of the Sacred. We describe how this rarely-experienced body sensation of sacredness is a partial awareness of a fundamental non-physical level of existence we call the realm of the Sacred. Our triune brains can be experienced as physical extensions of ‘sacred beings’ from that place. However, there is a deeper, biological basis for this phenomenon – the sacred beings are actually a perception of the consciousnesses of the primary cell’s organelle *membranes*.

In most people, any awareness of the sacred beings is blocked by delusional ‘pretend identities’ that the triune brains hold. In most cases, these pretend-identities and projections are a consequence of misunderstood Gaia instructions during the earliest precellular period. This chapter describes two methods for acquiring the Sacred Beings state, one temporary, the other permanent.

The Sacred Beings state is a much more fundamental and major change in consciousness than the ones described up to this point. Acquiring the Sacred Beings state should be only undertaken after thoroughly considering the implications, as one’s entire experience of self is radically changed in ways that can take quite a while to assimilate. It also causes difficulty in moving and walking for days, as one adjusts to the state. The permanent process should only be done with supervision as it can evoke terribly threatening feelings of annihilation.

The chapter also describes the profound implications that the realm of the Sacred has for our understanding of consciousness, the nature of time and of existence itself.

### *States, abilities and experiences in this chapter:*

- Sacred Body state
- Sacred Beings state

### *Relevant processes*

- Courteau Projection Technique™

## Triune Brain Self-identities and Projections

This chapter explores the phenomenon of triune brain self-identities. This concept is not some sort of theoretical abstraction – instead, it is a major experiential problem that is occasionally encountered by clients who are using powerful therapies such as breathwork, bodywork, regression or meditation. During the therapy, they start having the totally realistic sensation that they are someone or something else. With luck, they come to recognize that the sensations are the result of a deeply held pretend identity in one of the triune brains. This experience is very visceral, but also has a quality to it that a child might feel when pretending to be a fireman or a nurse.

For example, the body brain in men often pretends that it is their own father. In its attempt to be the father, the body brain often copies physical characteristics that the father had. It is also very common that the heart brain pretends to be the

mother. The pretend identities can be quite odd. For example, one of my colleagues had a Buddha brain that was pretending to be a snake, and a spine brain that was pretending to be a cartoon Mexican! In my own case, I experienced my mind during meditation as an amazing crystal structure. Later, I realized that this was my mind pretending it was an elaboration of a glass milk bottle, something that gave me comfort and was fascinating to me during my baby years. These pretend self-identities play havoc in our lives, as we tend to live out the identity. Worse yet, these identities are often in conflict with each other. This can either be a very serious and longstanding problem, or be a more momentary issue. For example, while working on an issue that needed the Buddha and the spine to cooperate, my colleague's spine brain announced, "I ain't going to play with no stinking snake!"

Triune brain self-identities are acquired by nearly everyone, and thus are a characteristic of average consciousness in the general population. However, from our perspective of working with peak states, the brain's self-identities are a severe state of dysfunction or pathology.

**Example:**

The well-known body-centered therapist Gay Hendricks realized one day that his own body was pretending to be his father. After this realization, his vision, which had been very poor like his father's, returned to normal.

When people encounter this phenomenon of a single brain pretend-identity, they usually experience it as filling the whole body. As most clients don't realize that there is a triune brain structure to their psyche, they often assume that the pretend-identity they feel is in their whole being, not just in part of themselves. Becoming aware of which brain their CoA is located inside, or what part of the body the CoA is paying attention to, identifies the brain that is involved (body in the lower belly, heart in the chest, mind in the head, etc.). It is common for therapists and clients to miss the involvement of individual triune brains in this problem, and misdiagnose it as some sort of spiritual emergency.

**Example:**

In my thirties, I was meditating when I suddenly experienced myself as a roughly shaped life-sized stone statue. It felt like my flesh had vanished and had been replaced by stone. Needless to say this was quite a disturbing experience at the time.

When one has acquired the 'Hearing the Brains' peak state, it is obvious what each of the triune brains are pretending to be, because they act and communicate as if they were who they were pretending to be – just as a child will speak like a cowboy or mother. However, for clients without this peak state, other types of unrelated experiences can be experientially confused with triune brain self-identities. The most likely ones are 'copying' and 'soul stealing' (as described in shamanic traditions). For more on these problems and how to tell

them apart, see Volume 3 in this series, *The Basic Whole-Hearted Healing™ Manual*, or Courteau's *Whole-Hearted Healing Workbook*.

There is another, even more disturbing phenomenon than that of the pretend identities that can be encountered in deep experiential therapy. This occurs when the client becomes aware that one of the brains is *projecting* a delusional identity onto another brain. They not only pretend to be something they're not, but also project the same sort of delusion on each other. This can be a very traumatic and frightening experience when it's encountered unknowingly in therapy. Unlike the self-identities, the projected identities often involve feelings of extreme fear or anger. For example, the heart might view the body consciousness as 'the monster in the basement', or the 'Goddess Diana'. Interestingly, from the viewpoint of the heart and the mind, the body consciousness is usually experienced as having a godlike, numinous or archetypal presence and impact, which in a therapy situation can be extremely frightening to the client if the projection is negative. These internal projections are also played out in the real world with people or objects.

**Example:**

In my own life, after I received the first proof to Volume 1 of this series I, felt a great anxiety and revulsion to the physical book in my hand. Healing this led to an experience just before coalescence where one of my precellular brains felt the same revulsion towards another one of the brains.

Some projections and pretend-identities feel evil. Clients who experience this often realize, after healing, that the brain used this as a defense, as a way to say, "Don't touch me." Chapter 15 goes into this in depth.

**Example:**

While regressing, Paula encountered a very frightening and very evil-seeming 'personality' centered in her lower belly. It was modeled on an evil character in a play she'd just seen. She put her CoA in it, and then realized that this evil presence must be a pretend-identity, because it had a very narrow range of action – the same few words, the same laugh, and the same slurping sounds repeated over and over. All she had to do to heal it was to love the injured self that was using this mask to hide behind. She's seen a lot of projections and pretend-identities, and they all have a very narrow range of expression. On the other hand, in her experience soul pieces (described in Volume 3) have a much wider range of behavior.

One can deliberately find identities and projections that the brains hold towards each other by looking at situations in the client's life – other people play out the parts of the different brains. This is also why people sometimes find that they switch roles at different times. For example, a man might feel distant and cold while his partner feels abandoned, while at other times he will feel abandoned when another person acts distant and cold. These are the attitudes

that two of the triune brains hold towards each other. A number of therapies identify these externalizations in order to heal them. These attitudes are often set by trauma during coalescence or conception. To heal these sorts of issues, we now use the ISPS's Courteau Projection Technique™ because it is so simple and fast. It is explained in Paula Courteau's *Whole-Hearted Healing Workbook*.

### Nomenclature

In this textbook we've had to invent nomenclature to express concepts that are outside current psychological models. In this chapter I'm calling what happens to a triune brain when it pretends to be someone or something else a 'brain pretend-identity' or 'self-identity'. I chose the phrase 'brain self-identities' because this most nearly matches the experience clients have when they become aware of one, although the phrase 'pretend identity' would better describe the underlying mechanism.

Clearly, the concept of a triune brain 'self-identity' could be confused with more conventional usage, as when we say we have a self-identity as a teacher or business person. It could also be confused with pathological states such as multiple personality disorder. It should be clear from context, but I use the phrase 'brain-identity' for brevity in this text when the meaning might be in doubt.

### Definition: Triune brain pretend identities or self-identities

In virtually everyone, the triune brains have one or more identities that they pretend they are, like children pretending to be a doctor or a mother. The brains maintain these identities to escape the pain of not being able to obey Gaia commands that they didn't understand properly. Few misunderstood Gaia commands have this effect of creating a pretend identity – only ones that the brain involved mistakenly feels threaten its core biological purpose. The triune brains hold these pretend-identities separately, in that the body brain has its own, the heart brain has its own, etc.

We usually shorten the phrase 'triune brain pretend self-identities' to 'self-identities'. If the meaning isn't clear from context, we might write instead 'pretend identities' or 'brain-identities'.

### Definition: Projected identities of the triune brains

Each brain typically experiences the other brains in the triune brain system as having particular identities. These projected identities are the result of prenatal trauma involving the brain interactions, often at coalescence and conception. These projections tend to be very negative. The body consciousness feels godlike to the other brains, and so they often project that it is a mythic god or monster.

### Misunderstood Gaia Commands Cause Triune Brain Self-identities

The previous discussion about triune brain self-identities prompts the question, "Why and how does this phenomenon occur?" True, pretending we're

firemen or nurses when we're children is a natural activity, but the fact that virtually everyone has brain self-identities is definitely peculiar. As well, the self-identities are relatively permanent – we don't just let them go at the end of the day, unlike those young children. In fact, the self-identities generally start even before the precellular coalescence developmental event, so how could the brain make up a self-identity when it has not yet had any obvious experience to base it on?

Empirically, we know that self-identities and projections are caused by traumas. When we encounter these experiences in therapy, we dissolved them by regressing to, and healing, the trauma that occurred when they were first created.

At a deeper level, only a particular kind of trauma creates these self-identities and projections – a misunderstood Gaia command that the brain believes *also* conflicts with its core function. When a brain gets a Gaia command that it misunderstands, it tries to obey anyway, even if the command seems to be telling it to hurt itself. If the triune brain involved also feels that the message is contrary to its particular core biological purpose (i.e., survival for the body, connection for the heart, understanding in the mind, etc.), it experiences a deep, extremely painful self-rejection as it tries to resist what it thinks Gaia wants it to do. To avoid having to obey, and escape this feeling, the brain pretends it's someone or something else. Another way to look at it is from the triune brain's own perspective – if you (as a triune brain) get a Gaia command that seems to be telling you to do something that feels like suicide, you might pretend you're something or someone else so that 'you' can pretend that the command wasn't to you, and so you don't have to do it. Our brains are like little children, and they try their best to do what they think Gaia said. This puts them in an irresolvable dilemma between pain and obedience.

Worse, once a pretend identity is acquired, it never goes away without healing. The brain can't let go of this defense because it believes it would then have to try and obey the misunderstood Gaia command again. Thus, this defense locks the brain-identity in place. In other words, once the mechanism of pretending starts, the brain involved keeps pretending it's someone else to hide its pain around the original experience, but the pain of this also keeps it trying to obey the misunderstood commands, to get it right and heal it. Essentially, it locks itself up in this dynamic of trying and pretending. In other words, the pretend identity stays locked in place because the physical damage trauma from improperly executing the misunderstood Gaia command doesn't go away. This trauma stays active and the identity stays locked in place.

To summarize: a Gaia command occurs – a brain misunderstands – a trauma is created due to physical injury as the brain attempts to obey – if the brain feels the command violates its basic function, it creates a pretend identity so it won't have to obey – and the trauma locks the identity in place.

#### Example:

Nancy realized that many of her physical problems were reproductions of her mother's issues. Her body brain was doing this because it was

pretending to be her mother. Regressing in her body brain, she came to a moment when Gaia gave her a command. At that instant she felt kicked in the gut and had the sensation of doubling over in pain. Her body brain was trying to escape this, and felt she wouldn't be hit if she were her mother. The feeling addressed to Gaia was that "You don't hit girls!" Her body brain had misinterpreted the Gaia command at that moment as "Stand in wait/move forward". Trying to execute this misunderstood command made her body brain try to rip itself apart as it tried to wait and move simultaneously. After healing, Nancy realized that the actual Gaia command at that moment had been "Stand in rest, then move forward."

Any given brain generally has one or more identities. In my own case, my body had one, my heart three, and my head had dozens, most of them acquired prenatally. Each of them was created during moments of trauma involving misunderstood Gaia commands. (As an aside, even the precellular brains are aware of the parents, which makes them the most likely choice for a pretend identity.) However, not every misunderstood command of this type leads to a new pretend brain-identity – the old one being judged adequate, apparently – but this is the underlying mechanism. However, in my experience each of the brains still has only one dominant feeling it is trying to escape from at the moment when it creates its self-identity. Because each brain has a different core function, each brain's choice of identities follows a particular theme of internal pain. For example, in my own mind's case, the core feeling driving pretend identities was inadequacy, due to a conflict with its biologically-mandated drive to understand. This simplifies our task of healing enormously, as it limits the problem down to only 14 precellular brain core issues.

Although this approach works to eliminate pretend-identities in regression or therapy sessions, there is a far more efficient way to do the job – eliminate the brain's original trauma for this problem. As with so many problems, it turns out that there is only one core traumatic moment. Healing it eliminates all of the brain's subsequent pretend-identities all at once. Understanding the nature of the core trauma, and what happens when one heals it, is the topic of the next section.

### **The 'Realm of the Sacred' and the 'Sacred Beings'**

After one realizes that the triune brains have pretend self-identities, the next logical question to ask is "What does one experience if a triune brain totally stops pretending it is something else, and starts being itself?"

When this happens, to the CoA it feels like the brain in question suddenly becomes a solid, somewhat cubical object located in the area where its awareness used to be. This object feels quite large, and in fact it is hard to understand how it fits inside one's body. It is a very unusual sensation, to put it mildly! The body in that area now radiates a feeling of sacredness (although some people have the sensation blocked by trauma). When one turns one's attention to the object, one can make out inside one's body what appears to be a sort of totem pole figure from the Northwest Native American tradition, with

something resembling eyes that clearly can ‘see’. Paula compares them to Easter Island statues, and another of my colleagues compared them to floating pagodas. We call these ‘sacred beings’ or ‘sacred selves’ depending on context. Every brain becomes a cubical object when it loses its pretend identity. For a person who has the triune brains touching or merged, the objects assemble into what feels like a gigantic totem pole inside his body. Other patterns beside a vertical one can also occur, as will be explained in the next section.

It feels like you have a totem pole inside yourself if you keep your CoA out of the sacred beings by watching them from the outside. Something even more profound occurs if you move your CoA into the sacred beings. When you do, you suddenly experience the brain awareness in two places at once – in the physical world, and, with a ‘backwards’ look, as floating in a place of black fluorescent space. Fluorescent ‘black lights’ on a black background create a look that is remarkably similar to the space you find yourself floating in. In this space exist the living, self-aware beings that are the guiding intelligences of the triune brains. These beings feel very sacred and very large. I call this ‘place’ in which they float the realm of the Sacred, since this is the dominant experiential characteristic. (Note: some languages, notably German, don’t have an equivalent word for this characteristic.) Obviously, we classify this realm as shamanic in nature, and moving into this state of being is the focus of shamans the world over.

The book *Out of the Silence* by Adelaide DeMenil captures the feeling of the sacred and its beings with her photographs of old totem poles. There is also a series of popular greeting cards by the artist Sue Coleman that show an animal in a natural setting with its totem pole symbol also visible. They well capture the experience of the sacred being co-existing with the physical being.

When the brains fully stop pretending they’re something else, they become what they really are: physical extensions of sacred beings from another reality. By analogy, imagine that you are in a room. That’s you as the sacred being in the realm of the Sacred. You stick your hand out through the window, and feel the weather and the wind on your hand. That’s the sacred being extending itself into the physical world. The analogy breaks down a bit when the brain starts pretending it’s something, because it would be like your hand losing awareness of your arm and acting as if it were a complete person all on its own! Another way to see this is to imagine a coin. On one side is the real, physical world, and on the other is the realm of the Sacred. Yet, there is only one coin, in this case the triune brain. When the coin pretends it is not a coin, it paints a pretend image on the side of the coin that faces the physical world and imagines that this is what it is.



*Figure 11.1:* Northwest Native totem pole figure; it is reminiscent of a sacred being in the realm of the Sacred.

When the brains quit pretending and the realm of the Sacred is fully accessible to you, it feels like that realm is inside your body. When you move your CoA into the brain's physical location, your awareness expands into the realm of the Sacred's space, as if you'd gone through a doorway. Your triune brain is both in the physical world and the realm of the Sacred simultaneously.

Surprisingly, before birth most people's brains have, at the same time, an awareness of their pretend identity and an awareness of the realm. (However, if you are blocking your awareness in the present, you also do so during regressions into the past. To be able to sense the realm of the Sacred in the fetus means you have to be able to sense this realm in the present.) To the fetus, the sacred being feels like it's behind and attached at the back, as if there were a portal there into that black fluorescent space. By moving your CoA 'I' backwards, you can settle backwards into the realm and into your sacred selves. Interestingly, this partial experience of the Sacred realm leads to a class of traumas that can't be understood by people doing regression unless they can already sense the realm in the present. During prenatal injuries, the triune brain awareness will often try to flee into the realm to escape physical harm. This

results in very odd traumas that are due to an additional body sensation or injury as the brains attempt to physically move themselves into the realm of the sacred to escape. This action is impossible, but it doesn't stop the brains from trying. In some people, these traumas interfere with solid realm connection because they leave associations that tend to further block access to the realm, since pain and the realm state get coupled.

Another important question to ask is how it's even possible for the triune brain 'pretend' self-identities to break the connection to the sacred and the realm at all. Actually, the connection isn't truly broken. Although from our normal perspective in average consciousness one can't feel the sacred, from the individual brain's perspective it feels like the pretend-self is successfully ignoring it.

#### Example:

Years ago, I asked friends and students if their body felt sacred, to see if the question had any usefulness. One man in his fifties, who worked in a technical writing field, responded that his body did feel sacred. Upon further questioning, he said that he'd had the sensation for as long as he could remember, and just knew that the word 'sacred' described it correctly. As we'd found some people would say the same thing based on their belief systems and not actual experience, we questioned him further. It turns out that when he closed his eyes, he experienced an intense 'fluorescent blackness' inside himself. However, he did not see totem pole figures or waves. He had a skin boundary and was not in any other obvious peak state.

One might ask how he knew to use the word 'sacred' for the sensation he had. We have seen the same thing in other peak states, especially the Wholeness state, where clients encountering the sensation for the first time would spontaneously know that the word fit it correctly. Why this occurs we don't know, but the phenomenon exists and is very consistent among people.

#### Definition: The realm of the Sacred

The body feels sacred in the area of a triune brain when it partially or fully lets go of its pretend-identity. This sensation of the Sacred is due to a connection between the physical triune brains and a corresponding limitless, timeless place of fluorescent blackness that feels sacred. We call this place the 'realm of the Sacred'.

#### Definition: The sacred beings (or sacred selves)

The non-physical beings in the realm of the Sacred that correspond to the physical triune brains we call the 'triune brain sacred selves', or 'sacred selves' for short. They resemble roughly cubical totem pole figures floating in a black fluorescent (sometimes described as a 'bright darkness') space. The locations of the triune brain awarenesses correspond to the physical

location of the sacred beings in the realm of the Sacred. When the triune brains are fused, the sacred selves are also fused together.

## **States Involving the Realm of the Sacred**

### *The Sacred Body State*

The Sacred Body state is a partial experience of the realm of the Sacred. In the state, your body feels sacred – perhaps a better way to put it is your flesh radiates a feeling of sacredness – but you have no conscious awareness of the Sacred Beings in your triune brains or of the realm of the Sacred. If just a part of you feels sacred, then we'd refer to it as a partial Sacred Body state. Even though this label may be confusing to someone who has never experienced the sensation of the Sacred, it is unmistakable to anyone who has just acquired it. In our experience, this state is extremely rare from birth. I have only encountered two people who had it since birth, although I've seen it in shamans after they've been trained. However, identifying people who have always had the state is potentially problematic. They may consider the sensation so normal that they don't put any label on it. This would make our estimates of the state's frequency suspect. Yet, the man who had always felt sacred was able to identify, without question, the feeling with the word.

### *The Sacred Beings State*

I call the presence of the totem pole-like brain awarenesses the Sacred Beings state. (A more experiential name might be the 'sacred totem' state, but I was concerned this might be confusing to some people.) In this state, you are aware that each triune brain is the physical expression of huge, sacred beings in the realm of the Sacred, a place filled with luminous blackness that feels extremely sacred. The beings resemble totem pole-like figures, and are the guiding intelligences of the triune brains in the human body. As noted in the previous section, it is possible to have a partial state, with some brains not experienced as sacred beings.

How many people have a full or partial Sacred Beings state naturally? As of this writing, I haven't met anyone who had the state since birth. Of course, like the Sacred Body state above, identifying this state in someone who has had it continuously all his life would be problematic since he wouldn't find anything unusual about it. However, we have encountered a few people who acquired the state later on in life, using various spiritual practices, shamanic work, or as a consequence of our training. This can cause severe adjustment problems, and since this state is unfamiliar to most people and traditions, it can lead to the person assuming that they have become severely mentally ill, with devastating personal consequences.

Note that even in the Sacred Beings state, you may not realize that you connect to the realm of the Sacred, as one can just experience the sacred beings inside one's body as if it were filled with gigantic totem pole blocks. It generally isn't until the person moves his CoA into the sacred beings that they act like a doorway into the realm they exist in.

## The Relationship Between the Sacred Body and Sacred Beings States

To review, there are two primary characteristics of the Sacred Beings state. First is the sensation that there is a large roughly cubical object in the body where triune brain awarenesses used to be. If all of the brains consciousnesses have recovered the state, it feels like there is a gigantic totem pole inside one's body. The second primary characteristic of the state is that the brains now feel intensely sacred.

Normally, when a brain stops pretending to be something it's not, or even seriously weakens its delusion, that region of the body feels sacred. The issue is slightly more complex, as the feeling of sacredness can be restricted to a small body part or area, such as the hands, but the principle is the same. In that case, the brain whose area the part is in is partially letting go of the delusion of having a pretend-identity, piece by piece. As a rule of thumb, any feeling of the sacred in an area around any given brain's center of awareness is due to that brain letting go of the delusion. In our example with the hands, the client's heart brain was near to letting go. Likewise, a leg would be the body brain letting go, and so on.

### Example:

Experimenting, I had put my CoA outside my body, and then forced it through my skin layer into my chest cavity. To my great surprise, I found a sensation of clear space inside my chest.

Some time later, I healed a very large non-physical ‘hole’ that extended over most of my chest surface. It had been caused by physical damage as I was crushed while moving through the birth canal. Afterwards, I went back through the skin layer and to my surprise I now found that the clear spaciousness in my chest felt intensely sacred.

It is possible to decouple the sensations of sacredness in the body from the awareness of the realm. Thus, some people can feel that their body is sacred yet have no awareness of the realm, and *vice-versa*. This puzzled us a long time, until Alexandre Nadeau came across the reason. Before coalescence the precellular brains all feel sacred. However, after coalescence the changes in the brains have been so drastic that Gaia has to give an instruction to them that acts to restore the sacred sensation. As of this writing, I fully expect that there is another relevant Gaia instruction during conception, and there may be more, none of which we've yet found.

## Triune Brain Fusion States and the Sacred Beings

In the early days of our ISPS work, we found that the triune brains' self-identities and projections were the major block to triune brain fusion states. As you might imagine, getting the brains to fuse together while they're pretending they're something else is not a simple task using standard techniques. Even worse, experiencing each other as horrible monsters or revolting presences doesn't make them want to get close to each other, let alone fuse! Fortunately,

our developmental event processes appear to completely sidestep this issue of projected and self-identities in triune brain fusion.

However, unlike average consciousness where the triune brains' projections and resistances block fusion states, *it is normal to have complete triune brain fusion in the Sacred Beings state*. There are two reasons for this. First, once the triune brains become sacred beings, the trauma-related projections and resistances vanish – the brains no longer have a false self-identity. Secondly, the locations of the sacred beings correspond to the locations of the awarenesses of the physical brains. Thus, when a client enters the Sacred Beings state, it is easy to tell if the sacred beings are linked together – it is like having large blocks inside one's body, after all. Any gap between them is very noticeable. The sacred beings can now choose to merge or not, and since merging is what they are supposed to do, they do so. This is why people who enter the enter the Sacred Beings state report a 'totem pole' structure in their body – the sacred beings have naturally merged together. The totem pole pattern is typical in our clients, but one of our students reported that she could consolidate the sacred beings even further into what looks like a 'wasp's nest'.

In average consciousness, a client's triune brain awarenesses are usually separated to some extent. He is not aware that this corresponds to a separation in the 'physical' location of the sacred beings in the realm of the Sacred. Once one is in the Sacred Beings state, the location of the sacred beings in what feels like one's body is actually an awareness of the location of the sacred beings in the realm of the Sacred, superimposed on his body image. He can now feel their location in his body, or 'see' them in the realm of the Sacred, and can choose to temporarily move them around. Since the sacred beings are also himself, this is equivalent to saying that the sacred beings chose to move themselves.

#### **Example:**

When Louise Freeman acquired the Sacred Beings state during our training, she found she could move the location of the sacred beings around. For fun, she moved her heart sacred being below her body sacred being, and immediately started laughing because it felt like her breasts had moved down towards the floor.

Therapists can use the Sacred Being state as an alternative way to diagnose their client's triune brain state. A therapist in the state can 'look at' the client's sacred beings in the realm of the Sacred, and instantly 'see' what degree of brain fusion state the client has by noting the separation between the beings.

#### **The Realm of the Sacred is Lost in Early Developmental Stages**

Unlike triune brain fusion states, the Sacred Beings state doesn't develop as the organism becomes more complex, but rather is intrinsic to the organism in the same way that a Gaia connection is. At the first moment when the precellular organelle brain is created, it forms a connection to its sacred self. More accurately, the organelle *membrane* itself has consciousness – and when it is

experienced directly, one experiences it as a ‘sacred self’. Unfortunately, this event typically occurs with traumas that contribute to the block of one’s awareness of this sacred being consciousness.

#### Example:

Wes found that he lost connection to the realm of the Sacred almost immediately after his precellular physical creation as a sperm cell. The Gaia commands that he did incorrectly were, in the sperm memories, ones containing the word ‘Go’ which felt like a strong, shocking imperative to separate from the precellular origin physical matrix. After the trauma was healed, he said he could also translate the word ‘go’ in the command as ‘become’ instead.

He found that if he didn’t immediately connect to Gaia, due to a misunderstood Gaia command, it was like the window to the realm immediately closed, and he was suddenly cut off from the luminous blackness of the realm, “like being taken naked and dropped in a pit of lions.” As he puts it, there’s energy that comes from the sacred realm being that coalesces the physical body, then needs to flow to make the connection to Gaia, and the flow continues back to the realm being. With this flow of energy, there is no sense of boundary between the sacred and physical reality.

Although trauma during the creation of the precellular organelle membrane in the genesis cell can contribute to the block of the Sacred Beings state, there is another, much more significant event in development. At the formation of the jewel stage in the precellular organelles development, the first pretend identity is started and connection to the Sacred Beings now becomes a duality – the brain has a pretend identity, but it can still ‘feel’ its Sacred Being behind itself. At birth even this partial awareness of the realm of the Sacred is lost. Worse, this loss of awareness now blocks even a perception of the sacred beings when the client regresses prenatally. As noted previously, to get a client to be aware that his prenatal self had an awareness of the realm of the Sacred usually requires that the client first unblock some awareness of the Sacred Beings in the present.

#### Using Regression to Acquire the Sacred Beings State

To test the validity of the material in this chapter requires some understanding of the methods used to experience the Sacred Beings state. Thus, this section describes three regression methods for acquiring realm consciousness. For reasons of safety, the detailed steps are omitted and are only in our training material.

#### **WARNING**

*The Sacred Beings state involves major changes in consciousness that many people find very disturbing. People who acquire the state also require significant time to regain the ability to walk and move around normally.*

*This should NOT be attempted without competent guidance. Some of the procedures below are irreversible and should not be attempted unless one has had experience with the state beforehand.*

To my knowledge, using regression for these states is unique to our work – it isn't used in any traditional shamanic technique that I know of. The first method allows access to realm awareness; the awareness can be turned on and off at will. Since the realm state is such a huge and radical change, the advantage to this technique is that you can 'back away' from it, if you want to. This approach is based on my first experience of the realm, as described in the story at the beginning of this chapter. Although it wasn't obvious to me at the time, what I had done was to spontaneously regress to the precellular organelle events when the first pretend-identities were formed. Regression in this way neatly bypasses a person's block to experiencing the Sacred Being state. We have clients put their CoA into one of the brains and regress back in time until they suddenly feel sacred and their brain awareness radically changes. We work with only one brain at a time because the initial traumas that cause the brains to acquire pretend self-identities usually occur before the coalescence developmental event in both the egg and the sperm, near or at the precellular brain creation. Before the coalescence, the individual brains are physically separate from each other and not part of one organism. Thus, regressing them as a group is a problem for most people because this tends to block access to the time before coalescence, when they were physically isolated organisms.

The second method of acquiring Sacred Beings consciousness expands on the first regression method, but it uses trauma healing to make the state permanent. It dissolves the first pretend identities that the triune brains hold, in order to recover the *full* Sacred Beings state. This usually means that we need to address all 14 brains separately. At the transition moment between feeling sacred and losing that sensation is the trauma that caused the pretend-identity to form.

This second approach gives you a full Sacred Beings state. When we were first developing this technique, we were afraid that our 'lab rats' wouldn't be able to function in the world with a permanent realm consciousness. Our experience of the realm was based on relatively brief changes in consciousness that we generally found to be in conflict with ordinary life. We couldn't look to other approaches, as the ones we know of are temporary in nature and involve a return to average consciousness after the process is over. We know of no means to return to 'ordinary' consciousness once the traumas and any relevant later ones are healed. You can imagine our concern as we first ran these experiments! I want to give tremendous credit to the courage and commitment that our volunteers showed. To my relief, the few subjects tested only experienced a short period of adjustment as they settled into life in the state.

The third method also uses simple regression to the same key developmental stage. However, regressive healing using Gaia commands is considerably faster and more complete. The key traumatic event is at the incorporation of the chakras during the 'formation of the jewel' precellular developmental stage. This

event has to be healed for all 14 brains (seven in the sperm, seven in the egg) to bring all of the brains into the Sacred Beings state.

A fourth method, that appears to be the simplest and fastest of all the techniques we've developed, uses an unusual stage the development of the person's observing self (in the grandmother's chakra). At this time, we're still investigating, so for safety reasons I omit any further details.

### **The Annihilation Fear**

When working with volunteers who were regressing to the traumas that create the triune brains' self-identities, we found the following major problem. As you know from my personal story, in my case it was a relief when the brains eliminated the pain of pretending to be something they weren't. However, when working with colleagues a different problem emerged. If the person went directly to one of those traumas where his brain broke away from the realm, and started to heal the trauma that dissolved its original core pretend-identity, he would usually experience that his very self was being annihilated! Or he might describe it as feeling as if he were becoming "nothing" and that he would die or be killed if he continued. This is tremendously frightening to the people I've worked with. Interestingly, Wes, as a shaman who was already familiar with the realm via temporary experiences, did not have this reaction. This implies to me that it would be useful for clients acquiring this state to get a temporary experience of it first to avoid the annihilation fear.

I can't emphasize enough how much of a barrier is created by the feeling of terror around being annihilated. I've found that most people need guidance around this step when doing the process so they have the reassurance that they won't die. Doing it alone is nearly impossible for most people even when they know intellectually what's supposed to happen.

#### **Example:**

One of our volunteers went to the time in the egg development when the brains were coming into physical being. As she described her experience as she was healing the trauma, "Something is changing. It's not 'I don't matter' now. It feels like 'Nobody loves me. Nobody will ever love me.' [Deep crying.] Gaia doesn't want me.... It feels like I am not compatible with Gaia. Something about me." After moving through that, she felt the Sacred behind herself and was able to move into it.

### **Other Ways to Enter the Realm of the Sacred**

One of the difficulties in this work is identifying our states with those of other groups. The only real solution is to cross-train people in both and compare. For example, Tom Brown, Jr. teaches effective shamanic methods to enter a variety of states of consciousness, one of which I suspect is the realm of the Sacred. For training in this, contact his school at [www.trackerschool.com](http://www.trackerschool.com).

It is possible that traditional Yoga is aware of the realm of the Sacred. A Yoga teacher I knew painted black-light images of the body. Visually, it

appeared like he was trying to capture the realm viewpoint. He called this state the ‘Akashic records’. I found this confusing, as the phrase didn’t sound even remotely like the experience of the realm. He explained that the phrase in English is a very poor translation from the Sanskrit, and what he was painting was the real meaning of the phrase.

When I described the realm of the Sacred to an instructor from the Monroe Institute, he thought it sounded similar to their Focus Level 15 (No Time) state. However, another man who had the Monroe training disagreed. From my perspective, it is unlikely that the Monroe state is the realm of the Sacred, because the Monroe approach is accessing ‘spiritual’ experiences, not ‘shamanic’ ones (as I define the terms). But I won’t know for sure until I have people who are familiar with both approaches.

As of this writing, I know of no other spiritual disciplines or shamanic training programs that access the realm of the Sacred. However, it is possible that some of the cultures that built large statuary, such as the First Nations of the Northwest coast of America, the people of Easter Island, and so on were trying to pass down a tradition of accessing the realm of the Sacred. Likewise, traditional stories such as found in Native North American cultures about the sentient beings (such as Raven or Coyote) that lived before people first appeared may also be pointing to this experience.

### **The Inner Brightness States Changes with the Sacred or Realm States**

When most people with an Inner Brightness state (Brain Light or Creator Light) close their eyes, they ‘see’ brightness inside, as if there were a light inside their head and body. However, people who have an Inner Brightness state and some degree of connection to the realm of the Sacred – even as little as just the sensation that their body feels sacred – have a different experience. They see themselves internally as fluorescently dark inside, as if lit with a black-light projector. The stronger the Inner Brightness state, the more the black fluoresces.

This makes questionnaires to test for an Inner Brightness state somewhat difficult to write because it can manifest as either an internal brightness, or as a highly fluorescing blackness if the Inner Brightness state is in combination with the Sacred Body state or Sacred Beings state. Of course, the fluorescing blackness is almost always accompanied by a feeling of the sacred in the body, but this still presents a problem. As noted, in questionnaires we have found that many people say their body feels sacred based on their belief systems and not from real experience. One solution is to ask the people who describe their interior as being black, to describe the blackness. Is it matte stove black, or does it have shimmers or textures, or is it fluorescent, like a black light? If it’s like a black light, we can be confident they are partially or fully in the realm of the Sacred.

### **The Nature of Space and Time in the Realm of the Sacred**

One of the most fascinating parts of our work is the occasional absolutely unexpected discovery, and the realm of the sacred in particular is full of

surprises! For example, the realm has a very peculiar three-dimensional space. The sacred selves have depth, and in fact they look somewhat like blocks. They can move around in the space freely. However, movement to the right or left from their orientation in that realm space translates to movement forward or backward in time. When a sacred self first enters the physical, it finds itself confused by its ability to move right and left in physical space. It has to learn and become comfortable with the ‘new’ environment that it finds itself in. This problem also happens in adults when they access this state – moving to the left or right becomes very confusing for quite a while.

In the realm, one of the most noticeable features is waves or rhythmic pulsations moving through the black fluorescent medium in which the sacred selves float. Most of the waves move from one side to the other in a regular pattern, but some waves come from different directions at various intervals. We have been calling these ‘change waves’, or ‘waves of causality’, because they move through the direction that denotes time. We believe they indicate moments of change in real physical space. Wes noted that some of the waves felt very old, some were relatively recent, some were generated by ultimate purpose, and some by the choices he made. He was reminded of the native story of an old man teaching a child about life, by comparing it to types of waves on the ocean. Some of the waves move faster than others, and it looks like the sacred selves can ride on the waves like dolphins riding a boat’s bow wave – or they can sit still and let the waves move on by. Wes compared letting one of the waves carry him to surfing a water wave on the ocean, with long swells and short waves mixed. When we do healing at a particular moment in time, the sacred beings are just sitting at that moment and letting the waves move on by. I personally find it fascinating that the realm self can just sit motionless in time, and it finds that perfectly normal. Perhaps our experience of having a present moment that moves through time corresponds to the sacred selves riding a particular wave through the realm.

**Example:**

Wes was guiding a volunteer in experiencing the creation of the precellular brains from the realm of the Sacred for the first time. Here is a part of the transcript:

Wes, speaking to the volunteer: “... One of those waves is a wave of something – purpose or time or something that initiates the creation of these brains. These are your sperm brains by the way. Place your awareness in the being that will create the body brain and allow that wave to move some of that energy to a place where there is an interface of some kind, at which the intent becomes physical. It changes from the realm of the Sacred to the domain of the physical. And you need to be right in the middle of it. If you pop out, then we are looking at one of those misunderstood Gaia command things.”

Volunteer: “I’ll stay in the middle.”

Wes: "Go with the flow and when it stops moving you'll know you've become physical. Take that little journey and let me know."

Volunteer: "The waves have stopped. I keep expecting them but they've stopped. And I've stopped."

Wes: "Are you physical?"

Volunteer: "I don't know what that means."

Wes: "There is a place in the realm where energy is transformed and suddenly you are made of matter instead of energy. And that matter is the little amoeba thing that is the body brain. Does that sound familiar?"

Volunteer: "I'm supposed to see that or feel that?"

Wes: "You ride the wave right in the middle of the stream until your sense of motion stops and at that point you are aware that you have become matter. You've become physical."

Volunteer: "What do I become?"

Wes: "You become a body without identity."

Volunteer: "That makes sense."

Wes: "If that makes sense you are now physical."

As we saw earlier, when the sacred selves join themselves in the realm, fusion in the physical brains' self-awarenesses occurs. To do this, the sacred selves stack in a vertical row just like in a totem pole. However, we noticed another very odd phenomenon. It is possible and in fact common for one or more of the sacred selves to move away from the others in their realm space. Since 'sideways' movement in the realm corresponds to movement through time in the physical world, a brain can go into the past (in one's own lifetime) while the rest stay in the present. We speculated that this probably means there is a whole category of problems or traumas involving this action of the sacred selves, and this action may in fact be a block to fusion states or cause other problems. After all, if one of the sacred selves is in the past or future, it's not going to be available to move into that totem pole configuration that corresponds to brain fusion.

Years later, we discovered this speculation was correct. People who accidentally (or on purpose) quickly 'time jump' from a past moment to the present and back again repetitively, usually acquire a serious and often permanent problem. The symptoms are a particular kind of lack of emotion with a feeling of mild depression, and any peak state feelings become blocked. This problem can be seen as a sort of 'pressure' on the triune brain awarenesses that corresponds to some of the person's sacred beings becoming locked in time in the past, and not able to be in the present. Treatment is outside the scope of this textbook, but is included in the *Peak States Therapist Manual*. We've seen this problem to one degree or another in roughly one out of every fifteen of our students. Some had triggered the problem in themselves by time jumping, while others cannot identify any activity that might have caused it.

Problems with the sacred selves may also be one of the reason behind the 'dominant issue' phenomenon we see when using Gaia commands for peak

states. After a process, some clients won't go into the target state until their 'dominant trauma' is healed. We still don't know why this happens.

### **Definition: Change waves**

In the realm of the Sacred, one can experience waves that move through the black fluorescent space in which the sacred selves float. The waves appear to be responsible for making changes propagate through time.

### **Using the Realm State of Consciousness for Regenerative Healing**

Over the four months following my first discovery of the realm of the Sacred, I experimented with the state but wasn't able to find anything useful to do with it. This illustrates an interesting phenomenon – you may have a state, but that doesn't mean you know how to use it! Instruction or luck in experimenting is required.

The full realm state has a very unique characteristic: while in the full state, it appears that little if any past traumas can affect the organism. Unlike the Inner Peace state, where the emotional content of past traumas is no longer felt, the full realm state appears to turn off *all* effects of past trauma. Thus, all the peak states are present while a person is fully in realm consciousness since those trauma blocks are also turned off. In particular, this implies that the full realm state also turns off the trauma blocks that inhibit full Gaia connection. It also means that our resistance to healing others, and their corresponding resistances to being healed are also turned off. Thus, the realm state can be used to induce regenerative healing in ourselves and in other people. The Reverend Dolores Lucas induced regenerative healing in her clients one after another as if she were on an assembly line. After I realized how to use the realm state to induce regenerative healing in myself and in others, I was fortunately able to discuss how I did it with her. She verified that this was the state that she used when healing her clients.

To induce regenerative healing in clients, I would go into the realm of the Sacred, merge my sacred selves to create the Wholeness state, and deliberately choose to experience the client as 'whole'. It felt like I became their placenta and supported them in having the Wholeness state and a connection to Gaia. They would then quickly heal themselves. Although I have been able to bring students to realm consciousness, as of this writing none of them have been able to use it to do regenerative healing as I had done. However, they do find that healing others of their emotional traumas becomes very easy. Currently, we've redirected our efforts away from the difficult process of bringing people to the realm state for regenerative healing. Instead, we're searching for the specific traumas that block a full Gaia connection, traumas that the realm state can bypass. Healing just these traumas would have the advantage of avoiding the need for potential healers to go through the major and disruptive changes associated with the realm state of consciousness.

### The Sacred Beings are Organelle Membrane Consciousnesses

Up to this point, we've treated the realm of the Sacred as a 'non-physical' domain. However, as we've shown by using regression when the membranes of the p-organelles first form, the Sacred Beings are actually an awareness of the membranes' own consciousnesses (see Chapter 8) – and these consciousnesses are retained in the organelles in the primary cell. That membranes have their own consciousness may seem surprising to those who are used to the idea that genes determine everything about a cell. However, many cell biologists have concluded that the standard 'gene-centric' model is flawed – it does not account for the spatial arrangement of the material in the cell itself. Instead, through very clever experiments on bacteria, it has been shown that the membranes, not the genes, create this organization – they're not just layers of simple molecules (see Harold Franklin's *The Way of the Cell* for an excellent summary). Obviously, this doesn't mean that the membranes must have their own consciousness, but it does mean that they have more individuality and purpose than the simple idea of 'membrane' would imply.

That sacred beings are actually *membrane* consciousnesses has an important implication – it implies that the environment we call the realm of the Sacred is what biological cellular processes 'look' like from the viewpoint of those membrane awarenesses. How likely is this? I'd say quite likely, especially looking at our track record of finding biological bases for what we once thought were purely spiritual phenomena (e.g., the primary cell and the Creator). It is far less likely that the physical membrane awarenesses actually access an actual, non-physical 'place'.

### *Speculations About the Realm of the Sacred*

This section describes untested speculations about the realm of the Sacred, and its relevance to the results seen in various kinds of therapy.

Clients who heal very early, major trauma using WHH sometimes report that they've acquired a completely new past. It is the past they would have had if the eliminated trauma's influence hadn't existed, and it co-exists in their memory with the past that they actually lived. Other trauma healing processes also occasionally gets the same results using entirely different approaches. These changes to a person's past can also be 'seen' to occur using techniques outside the scope of this volume. We know the phenomenon exists – understanding it is another matter. If the waves of causality in the realm are actually a non-physical phenomenon, they may be part of the answer. Perhaps each wave indicates a sequence of events sweeping through time, and we normally only ride one of them, the one that originally occurred as we entered the physical from the sacred. Perhaps if we chose to ride another wave, it might have an entirely different life lived in it. Or, perhaps even more likely, we're observing a phenomenon that actually has nothing to do with causality at all.

Another fascinating area of future investigation would be to find out if other mammals, plants, single-celled organisms and even viruses have connections or blocks to the realm of the Sacred.

## Key Points

- Triune brains have pretend self-identities that block the sensation of the sacred in the body.
- The self-identities occur during certain traumas where the brain, usually the precellular brain, executes a Gaia command incorrectly. The brain believes that the misunderstood Gaia command conflicts with its core function and so cannot be accepted, putting it into a situation where it creates a pretend identity to escape from the conflict.
- Healing all self-identities in a brain causes it to merge into its true identity as a sacred being in the realm of the Sacred.
- The realm of the Sacred has very unusual properties involving time and space.
- The sacred beings are actually the consciousnesses of the different organelle membranes in the primary cell.

## Suggested Reading and Websites

### On the realm of the Sacred

- Tom Brown, Jr., *The Vision*, Berkley Publishing Group, 1991. Although it is difficult to be sure, it appears that he describes what I call the realm of the Sacred in his book.
- Adelaide DeMenil, *Out of the Silence*, Outerbridge and Dienstfrey, New York, 1971. Black and white photos of old totem poles from the west coast of Canada. It gives the atmosphere of the realm of the Sacred.
- Michael Harner, *The Way of the Shaman: Tenth Anniversary Edition*, HarperSanFrancisco, 1990. Describes Harner's shamanic worldview of an upper, middle, and lower world, and how shamans use 'power animals'. It is a classic in the field.

### On the significance of membranes in cell development

- Franklin Harold, *The Way of the Cell: Molecules, Organisms and the Order of Life*, Oxford University Press, 2001. Good review of evolutionary biology and cell structures for well-educated laypeople. He also correctly emphasizes the importance of membranes (as separate from genes) in the development of a cell.

## Section 3

### **Spiritual Realms**

### Spiritual Realms: The Spherical Layers of the Cosmos and the Void

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I first met Kate Sorensen while she was organizing small conferences on the new 'power' therapies (they later developed into the big Energy Psychology annual conferences). At that time the conferences were small, more intimate, and included a variety of speakers in whatever areas that Kate thought were valuable to the goal of healing and her personal goal of peak states of consciousness. It was great fun and totally fascinating, as practitioners and technique developers were sharing their excitement and incorporating other's work into their own.

Kate and I shared the same drive to understand peak states and fortunately hit it off well on a personal level. Kate is a brilliant, intuitive and practical woman who was a perfect colleague for those early explorations. She also had unusually good states of consciousness, which allowed her to investigate whatever we were interested in with great clarity. So, for a few years we frequently got together at her home in Flagstaff, Arizona, when she could squeeze time away from her family and professional commitments. We spent much of that time trying to solve the problem of triune brain fusion peak states, trying out different approaches that for the most part were dead ends but which did tremendously advance our understanding.

My personal focus has always been in the direction of looking inward, for peak states and healing. This was actually a blind spot in my work that I didn't even recognize until I met Kate. My own Whole-Hearted Healing process involves going into the body in the past. Kate was more outwardly oriented. She had already developed a technique (the LEAP process) that relied on her going 'outside' of herself to do healing. Combining these two orientations during this period led to another breakthrough – finding the concentric layered structure of the cosmos, the Void, and how it related to our own consciousness. I can still vividly remember being in her house out in the desert as she explored the nature of the Creator while sitting on the couch in her living room with her young son Miles playing nearby.

Around 1997 or so, Kate and I had shifted our attention to investigating the nature of the skin boundary. We didn't know why people had it, and so we had serious concerns about removing it, as we had no idea what the consequences might be. We recognized we might harm ourselves with these experiments, but we were committed to the exploration. One day while I was away in town, she hypothesized that she could use the Void to remove her shell, and tried it. It worked. To our great relief there were no serious side effects, although she had some discomfort afterwards with the sensation that she had no edge. That discomfort was eliminated with some trauma-healing work. There was one unexpected side effect that caused us some amusement: she suddenly had the drive to throw away the clutter in her house, something that she'd always wanted to do but never seemed to accomplish. A few months later, she regained her surface boundary layer. We eventually realized that her developmental trauma had caused her to unconsciously reverse the process, so we abandoned the Void approach and focused on finding the relevant developmental events instead.

The following year I was working with Dr. Perry investigating the Void. In a moment of inspiration, I thought of a way to try and merge the Void with her awareness. This worked dramatically and was my first experience with the Void Connection state described in this chapter. I used Kate's discovery of the Void, my discovery of the 'Truth' state, and another new twist. I still find it remarkable when apparently unrelated discoveries suddenly come together in an instant of inspiration to make a breakthrough.

### **Chapter Overview**

This chapter describes a concentric spherical layered structure to the cosmos. More than just a model, it is experienced directly by using the out-of-body experience (OBE). Spiritual 'realms' or states are defined experientially as ones that exist in this structure.

Two features of this structure are important for peak states of consciousness. First, individual layers in it have different properties – and one of the layers is the location of the Creator itself (which is explored in detail in the next chapter). Secondly, the entire many-layered structure that encloses all of the physical universe is in turn enclosed by a self-aware Void.

A perception of this structure can be used in a process for merging with the Void to enter the Void Connection state. Our personal consciousness is also a part of the Void awareness itself, and this state allows one to experience this truth directly.

The experience of the Void has a biological basis: the Void can be accessed in the very earliest regression to the origin of the observing self; or in the present, in the primary cell via a structure we call the nuclear core. However, regressing to the early Void developmental sequence has extreme risks – in many people, these events can trigger severe mental disorders, spiritual emergencies and physical problems, ones that cannot be reversed by healing the initiating traumas.

*States, abilities and experiences in this chapter:*

- Void Connection state
- No-skin state
- Inner Vision ability
- OBE ability

*Relevant processes*

- The Void Connection State (using the OBE)

**‘Spiritual’ Realms and States and the OBE**

In this book I have chosen to divide the different realms and peak states into two categories, either shamanic or spiritual. In particular, I stated that the spiritual realms share a common characteristic – they’re accessed outwardly, away from the body. This concept of the heavens above isn’t some sort of theoretical abstraction, but is experienced by people doing regression, by people in various peak states, and by people who can move their CoA out of their bodies. This chapter explores the structure of the universe that can be ‘seen’ by using the out-of-body experience (OBE). This structure gives us another way to understand the various ‘spiritual’ realms of existence that are encountered in prenatal development. This model reduces confusion and gives a better understanding of what happens at critical developmental events, and how to use what is experienced.

To start, it is important to realize that it is possible to move the CoA out-of-body deliberately in a conscious, wide-awake state. For example, you can close your eyes and still ‘see’ everything around you. Or you can use the same ability to ‘see’ what is happening far away, or in someone’s body. Some have this ability naturally. Others use induction techniques to get it temporarily. This ability has been used by shamans for millennia, to explore the physical world in order to find threats or food. Michael Harner would say that they move their awareness into the ‘middle world’ by using a ‘shamanic state of consciousness’. Groups like Eckankar or the Monroe Institute focus on developing this OBE ability.

There are actually two different ways to non-physically ‘see’ distant objects as if with one’s own eyes. The OBE ability is characterized by the sensation of going somewhere, as if moving physically. The other method, called ‘Inner Vision’ by Tom Brown, Jr., has one stay in one’s body and see the information internally, like watching TV inside the head. The two abilities differ in another way – with inner vision, one can know more about what one is seeing than if one were actually there. For example, one can know who made an object, how long it has existed, and so on. Inner Vision is a Gaia Communication ability – Gaia supplies the images and knowledge. For the purposes of this chapter, we’re only working with the OBE ability where people feel like they are physically moving out into the real, everyday world with clear perception.

**Example:**

'Inner vision' was studied by the US military at the Stanford Research Institute in the 1980s, in order to use it for spying. They called it 'remote viewing', applying the phrase to a protocol where the person doing the viewing didn't know anything about the 'target'. Joseph McMoneagle was a subject of that research, and he was also trained in using the OBE at the Monroe Institute. He verified that the OBE and 'remote viewing' were completely different abilities.

**The Concentric Spherical Layer Structure of the Universe**

One can use the OBE ability to become aware of a non-physical, concentric, spherically layered structure to the universe. My colleagues all report that if they move their CoA far enough in any direction in the real world, they end up traveling into space, through the galaxy, then into extragalactic space. Eventually after passing through all of the physical universe, they encounter a non-physical boundary layer. They can pass through it (with a sensation of mild resistance) and continue to travel. They then encounter many more layers. It's as if the physical universe is inside a gigantic onion. I'll give an example of Wes Gietz's first experience with this, because it illustrates how the physical universe is contained by the non-physical layers.

**Example:**

Wes centered his CoA in his body, and then moved his awareness outward in a uniform sphere, encompassing all he perceived. At first, he just described moving outward in the local area, then throughout the earth, then into space. This continued through what he perceived as the rest of the physical universe. As his awareness continued to expand, he eventually encountered a non-physical layer that gave his CoA a feeling of resistance to further expansion. In contrast, the physical world didn't give his CoA any such feeling. The layer felt uniformly distributed in a sphere centered at his body. Of course, by this time the scale was so huge that there was no practical difference between being centered at his body or at the edge of the galaxy itself.

He continued to expand his awareness, passing the layer, and reentered a region that didn't have any resistance. At some distance further he encountered another layer of resistance. This layer had a different 'feel' or 'taste' or consistency to it. By this time, his awareness was so diffuse, and encompassed so much that he felt somewhat overwhelmed. He also found that expanding himself made movement through the layers a very slow process. He then narrowed his CoA to a point, which he found to be much more comfortable. This also let him move forward much more rapidly.

The layers appeared after all of the stars and galaxies were left behind. It became clear to him that the layers were concentric spheres that enclosed the entire physical universe.

Each of the non-physical layers has a different ‘feel’ to them. To our surprise, one of the layers is that of the Creator itself – the ‘plane of light’ that people describe during near-death experiences. The Creator is explored thoroughly in the next chapter, along with a way to access it using regression to developmental events.

#### Example:

Robert Monroe wrote several books and founded an institute to explore out-of-body experiences. He also describes a spherical layering structure surrounding the physical universe. He called the layers ‘focus levels’, both to give them a neutral label and because he found he could just appear in them by shifting his awareness. His explorations stop at a layer just before a level of pure light – apparently the Creator layer. The ‘people’ he encountered living in the different layers reincarnate and are apparently evolving towards total dissolution of their individual identity, in order to reunite with the Creator.

Nomenclature becomes confusing at this point. Normally, I use existing names for phenomena whenever I can. When writing this book, I was tempted to call the entire structure of spiritual realms we saw organized as concentric spheres the ‘upper world’, using Harner’s nomenclature. The realms feel like they are above us, after all. However, other shamanic traditions like Tom Brown, Jr.’s use techniques that don’t have such a clear upper and lower world structure, yet appear to be accessing much of the same phenomena. Monroe found that one can just jump to a layer by a shift in awareness, without needing to actually travel there via an OBE – perhaps Brown’s method is doing something similar. To complicate matters even further both Harner and Brown describe a layered structure to reality – in fact, Brown even notes that the layers are concentric spheres – but I’m not really sure they’re talking about the same thing. Thus, just in case, I’ll call our map the ‘OBE concentric spheres’ to make sure it’s clear what I’m referring to.

#### Definition: OBE concentric spheres

When you use the OBE to move to the edge of the physical universe, you find that you can continue through concentric, non-physical spherical layers. These layers give a sensation of resistance as they are passed through, and each layer has a non-obstructing area between. There are many hundreds of layers, each with different qualities. One of these layers is that of the Creator itself. This is probably the ‘upper world’ in Harner’s shamanic map of existence.

#### The Void

The next obvious question is “What surrounds the layers – is the onion universe inside something?” Kate Sorensen answered this question, and made another major discovery when she decided to keep going through the concentric

spheres, further and further away from her body. Kate soon realized that there were a *lot* of layers. She started to move her CoA as quickly as it would go. To our surprise she passed through hundreds of layers. As she went further, the character of the layers started to change. They became more diffuse and more widely spread. After about 30 minutes, it became difficult to sense any forward progress or the presence of new layers. However, she intuited that she should continue. Eventually she reached a total absence of everything – a totally empty darkness, a true Void. No further motion forward was possible. And in another amazing display of intuition, she found she could communicate with the Void itself! This Void was a nothing that was self-aware, and she could ‘communicate’ with it. Kate comments: “More often I communicate *from* this Void, *with* the universe that I just traveled out of.”

#### Example:

Sara Zieborak describes communicating with the Void: “Talking with the Void is not conversing, but any intention that you send out to the Void is immediately being created – you are setting creation by the intention you have – so there is no choice, instead everything is possible and all right. So this gives you the impression of talking to it, but it is actually you who are talking into the Void and it responds on a creation level. But you are one with the Void, you are the Void, so you are responding to your own intention.”

Using my convention of defining concepts by their most obvious characteristic, I chose to call this nothingness the ‘Void’. This word is also used when translating the Buddhist concept of *sunnata*, and it is likely that it refers to the same experience.

I’ll summarize the procedure for reaching the Void. Sit calmly, then move your CoA self forward out of your body. You move forward in the same way you move forward when going swimming, or diving forward from the pools’ edge, with just about the same kinesthetic sensations. The direction you go is irrelevant, it works the same if you go straight in front of yourself, or straight up. The speed at which you move ‘forward’ is variable and set by intention: for this procedure you have to move forward as fast as possible, as there is a lot of territory to cover. It soon becomes clear how to speed up your progress. Eventually, you encounter the first layer of resistance. They come with different widths, resistance to ‘motion’, and other kinesthetic characteristics. The ‘distance’ between layers is also variable.

Apparently, there must be a maximum speed (or at least a typical one), as the time it takes people to move through the layers is roughly the same. Continue as quickly as possible. The layers get more and more spread apart, with less and less resistance to forward motion – almost like passing through a puff of wind or a fog.

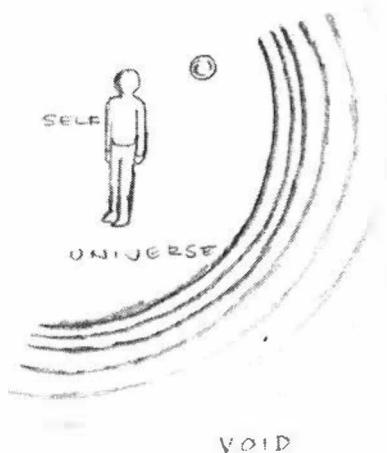
Eventually, one arrives at the end of the layers and enters the Void. It’s easy to fool oneself and stop too soon, but usually people take around 45 minutes to

get to this point. At this place, there is nothing left – no light, no content, no motion. Just nothing. You should be able to communicate with it once you're there. Coming back is far faster and easier.

It is common for people to mistake imaginary experiences for real ones when doing inner work. With this in mind, after Kate's discovery of the concentric spheres that lead to the Void, I had numerous test subjects repeat her experiment – and got the same results even when the subjects didn't know what to expect.

### **Definition: The Void**

I define the word 'Void' experientially. It is found by moving your CoA as far away as possible from your body, out into space, and then continuing past all of the spiritual layers (or 'realms' as they're sometimes called in the literature) that surround our physical universe. The Void surrounds all of the universe, containing all the manifest spiritual and physical world. It is the absence of everything. However, it is self-aware and one can communicate with it.



*Figure 12.1: A symbolic representation of the OBE concentric spheres model of the universe*

### **The Void Connection State**

At this time I know of only one Void peak state – a direct connection to the Void itself. It gives a person an intense feeling of knowing who he truly is.

Normally, we heal key developmental events to acquire states. As of this writing, we haven't yet identified those events, although it is very likely that they occur during the creation of the CoA. Instead, we currently use the OBE approach. We have two versions of the process. The simpler version gives a less complete version of the state, and the more complex version gives the full state. Both require that the client be able to consciously move their CoA out-of-body (this ability is gained in a separate process).

**CAUTION**

*I've only run a few people through the process to gain the Void Connection state. Problems that we haven't yet seen may arise if the procedure in this book is used. It is only included here for research purposes. It is not for self-help, and should only be used with qualified supervision.*

In the simple procedure, the client goes through the layers to the Void as rapidly as possible. Once there, he returns to his body as quickly as possible. Once back, he moves through the layers again as rapidly as possible back to the Void. Then he returns to his body again, and keeps repeating this travel from his body to the Void and back again. As he goes back and forth, he finds that the Void feels like it moves 'closer'. Repeating this a few times causes the Void to merge into the client in the present – he is in the Void at the same time he is in his body. The client is left with the conviction that he now "knows who he is!"

The more complex procedure gives a much more dramatic outcome. In this case, the client regresses to just after the baby leaves the womb. There is a particular moment when the baby's body is filled with a sensation of the 'truth'. Staying with that experience in the past, the client then does the previous back and forth action to bring the Void into his body. The outcome here is both "knowing who you are", and other more dramatic experiences.

This state raises an important question. We've found that our CoA self-awareness is composed of a part of the Creator in ourselves, as described in the next chapter. However, the Void Connection state implies that the Void forms part of another, more fundamental component of the conscious awareness in all people.

**Applying the Void: Skin Boundary Removal**

At this point, it is reasonable to ask: "Does the Void really exist? Or is it just some sort of unusual brain phenomenon triggered by the OBE technique you use?" The best way to answer this question would be to identify a key developmental stage that results in this phenomenon. Unfortunately, as I've mentioned we haven't yet stumbled across the biological basis for the Void (although I expect that we will eventually). Instead, we have to indirectly address this question. Like demonstrating that invisible microwaves exist by making devices that can heat food, we can show that that the Void is more than just an experience – it also has unusual properties that we can use. As I described at the beginning of this chapter, we found that the Void can be used to remove the skin boundary layer, an action that simply can't be done with willpower alone. I've included this section to give more detail to this fascinating story, and to give other researchers an awareness that the Void has unusual applications.

As I've written, during our investigation of the skin boundary layer phenomenon, Kate thought to apply her previous knowledge of the spherical layers of the cosmos and the Void. She took her awareness out to the Void, and when she arrived there she asked it to remove her shell. And it worked! In her

words six years later: “I ask the question, then ask whether it’s okay to do whatever I’m thinking of – in this case letting go of the shell [the skin boundary] – and then if it’s okay, I go ahead and allow it to happen. I don’t have to remove the shell, I just have to stop creating it.”

The following is a transcript of my notes taken at the time:

Kate was floating in the Void. She asked if she could remove her shell and if it would be okay to do it. She then felt it was possible, but that she could recover the shell, although it would be difficult to do (she did recover it within days). At the time, we didn’t know if removing the shell was dangerous or not. Kate decided to do it, and instantly her shell layer was gone.

“I went through layers and layers. I wondered if I’d ever get through them all. I finally got out to a really clear space. I looked back and saw a black shell form like an insect. My personal shell, the shell phenomenon... From the Void consciousness, I saw the choice to be made. From there, everything is a created entity – all different forms at that level are experienced as intention. From there, I choose to create or dis-create. It’s no big deal to dis-create the shell. Felt like I could dis-create the world, if I wanted to.

“If everyone’s shell were ripped off, people would have a feeling of nakedness. They could find it as wonderful or terrifying depending on their attachments. Being open and vulnerable is what’s needed in the world. Finally, I realize that this is what needs to be done. And I say yes to removing it. Now, I don’t feel I have a shell. Those layers were related to the shell, all the layers to get outside of creation.

“The world looks and feels different. I feel like I’m actually seeing things. First thing, a messy desk. More of a desire for order – and simple too. I’m no longer pulled in 80 directions at once. I’m hearing and seeing what’s there. I feel quiet happiness. I feel the shell is gone unless we create it back, but that it would be difficult. I’m very aware of choosing and deciding to do anything. The shell stuff tells you what to do all the time.”

“The next day, Kate had traumatic birth feelings come up around removing her shell. “It feels like I’ve been suckered in by Grant and my beliefs – dropping the shell may not have been a good idea. I feel dullness, ornery, annoyed. Loneliness. The feeling is in my head and diaphragm. I was crying and crying as a newborn, it had no effect, then I gave up. The head has the great idea, we’ll go get the shell and comfort the body. “I’m alone.” Despair and sadness. Gasping for breath. Annoyance at the head for trying to help that way. No pain anymore. Still feel weird. Kind of empty. Felt like I’m empty. Bottomless emptiness.”

Later after more healing: “Now, I’ve lost my compulsive or compelled-not-to-do stuff. I’m much more quiet and clear that I’m doing whatever I’m doing, and I can make choices at any moment, and much more clear about why I’m choosing to do something. Looking back, I was always reacting to

pressures, and felt pressure. For example, feeling that I had to get up in morning. Hadn't really asked myself 'do I want to do it?' The shell is full of stuff you have to do, tons of shoulds, values, judgments, emotional kicks like fear etc. It is unpleasant and motivating. I now have much more ability to not react."

Years later Paula discovered one of the developmental events that contribute to the sensation of a skin boundary. The developmental events approach for its removal is clearly superior, and I no longer use the Void approach for the following reasons: first, not everyone can easily communicate with the Void; secondly, the Void responds to our unconscious will – if we unconsciously don't want to remove the boundary, nothing will happen; third, our test subjects usually restore their boundary soon after doing the Void process, because we are a part of the Void itself and so we can reverse the process ourselves; and last, trauma healing is still required to heal the uncomfortable naked and unprotected feelings that arise when the skin boundary vanishes. The developmental approach method doesn't have any of these drawbacks except the last one. Volume 3 goes into this in detail.

### **The Biological Basis for the Concentric Spheres and the Void**

As the transpersonal biology model predicts, there is an actual, physical basis for the experience of the OBE concentric spheres and of the Void: it resides inside the person's primary cell, in the nuclear core that lies inside the nucleus. However, before this biology can be explained, one has to understand a key discovery we made in our work: one can either experience these events as being purely spiritual, i.e., from a viewpoint of pure consciousness, without a trace of any biology; or as biological events, without a subjective spiritual experience. Yet, both exist simultaneously, and one can switch perception from one to the other at will, *once you realize that this duality exists*. We've already been introduced to this principle in another form: that of gateway structures in the primary cell. When one's CoA enters a gateway structure, one goes to, or sees, something besides the biological interior. From outside a gateway, we see the biological; but when we merge our consciousness with it, we have a psychological, psychic or spiritual experience. Hence, there is a duality of perception. Realm experiences in general, and that of the Void in particular, are also based on gateways – the only difference is that the gateway happens to be the developing organism itself! (Chapter 15 goes into the fascinating story of how we discovered this basic principle of dual perception as applied to the realms.)

In the nuclear core, the observing self is centered inside the 'circle of life', a structure that looks like a golden wedding band. (This is how it looks in average people – it looks like a golden sphere in people whose core is less blocked by developmental trauma.) When a person uses the OBE ability to leave the physical world, pass through layers and reach the Void, what is happening at a biological level is that the person's consciousness is moving from the circle of

life, into what looks like a chain, through a layered structure reminiscent of a tower, and to a sphere that is experienced as the Void (again, in the average person). The Void Connection state occurs when this ring/chain/tower/ball structure changes into a half sphere.

Understanding the biology of spiritual experiences is more than just an exercise in rationality. Because we could see the physical basis for the phenomenon, we were able to realize something that *could not have been predicted* by simply experiencing a journey to the Void as a spiritual experience. The OBE process for the Void Connection state solved only half the problem, because the nuclear core is symmetric – one half is from the egg, and one half from the sperm. Thus, there is another chain/tower/ball structure on the *other* side of the ring. To get the full state requires a second trip to the Void through the other half of the structure. When both sides are done, the nuclear core looks like a round ball, with the ring of life around it, or when fully complete, the golden ring coats the sphere completely.

#### *Regression and the Void Connection State*

One also encounters a Void experience when regressing to the origins of the observing self. By following the developmental path of the ‘seed’ (that derives from the oversoul network inside the grandmother’s nuclear core, as described in Chapter 8), one can experience the Void directly inside the grandmother’s chakra. Again, there is a duality of perception: fortunately, to actually effect events in this time zone and acquire the Void Connection state, one doesn’t need to view it in its biological form; rather one can stay in the Void experience itself. Since these early developmental stages in the grandmother form the basis of the nuclear core structures in the primary cell of the person, one can acquire the Void Connection state either via the OBE technique in the present, or via what feels the same inside the grandmother’s heart chakra in the past.

#### **DANGER**

*Retrogressing to biological developmental events in the grandmother’s chakra can stimulate physical pain and mental dysfunction that won’t stop after the regression ends. Do not attempt to do this unless under the supervision of a qualified therapist who has been trained in working with this time zone.*

#### **Definition: The dual perception principle**

Many transpersonal, spiritual, shamanic, and psychic phenomena can be seen in two mutually exclusive ways: from the perspective of pure consciousness, without any biological content; or from the perspective of biological structure, without any spiritual content. A person can switch between the two viewpoints. This occurs when one merges their CoA with a gateway structure. In the case of the realms, the gateway structure is the developing organism itself, or corresponding structures in the primary cell.

### **What is the Void?**

As you've seen, we've identified the biological structures that give rise to the perception of the OBE concentric layers and the Void. But life is more than just scientific explanations. Actually moving out into the cosmos with the OBE ability is a stunning experience in its own right. Perhaps the concentric layers one goes through are just a misperception of biology – and perhaps the biology simply taps into the remnants of astronomy's 'big bang', with all of creation suspended like a jewel in the Void.

## **Key Points**

- By moving one's CoA (using an OBE viewpoint) outward into space, past the limits of the physical universe, one encounters a concentric spherical layered structure that surrounds all of creation.
- The non-physical concentric spherical layers at the edge of the universe each have different characteristics. One of these layers is the Creator itself.
- The Void surrounds and is outside of the layered structure of reality. It is possible to have what feels like communication with it.
- It is possible to incorporate the Void into oneself.
- Many transpersonal phenomena, such as the Void, can be seen from either a completely non-physical viewpoint or as a biological structure, but not both at the same time. This is the 'dual perception principle'.
- The biological basis for the concentric spheres and Void experience is in a structure inside the nucleus of the primary cell in the present; or in a similar structure in the grandmother in the past.
- Early developmental events relevant to the Void experience are dangerous: they can trigger mental disorders, spiritual emergencies and physical problems that cannot be eliminated with standard trauma techniques.

## **Suggested Reading and Websites**

### **About the Void**

- Stanislav Grof, *The Cosmic Game*, State University of New York Press, 1998, pgs. 25-40.

### **Out-of-body information**

- Michael Harner, *The Way of the Shaman (Tenth Anniversary Edition)*, HarperSanFrancisco, 1990.
- Harold Klemp, *Past Lives, Dreams, and Soul Travel*, Eckankar, 2003.

- Harold E. Puthoff, “CIA-Initiated Remote Viewing at Stanford Research Institute”, *Journal of Scientific Exploration*, Volume 10, Number 1, 1966.
- Russell Targ and Harold Puthoff, *Mind-Reach: Scientists Look at Psychic Abilities*, Hampton Roads Publishing, 2005.

#### The spherical structure of the cosmos

- Tom Brown, Jr., *Awakening Spirits*, Berkley Publishing Group, 1994.
- Robert Monroe, *Far Journeys*, Main Street Books, 1987.
- Robert Monroe, *The Ultimate Journey*, Main Street Books, 1996.

## Merging with the Creator

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Until about age 30, when I closed my eyes, there would be a very bright, clear white glow inside my head and body, as if I were filled with Hawaiian sunshine. The light also ‘visually’ extended from my skin for a few inches. As unusual as this seems, I took this completely for granted and never even noticed it, as it had always been that way. I didn’t realize that the light was even there until I slowly lost it over the space of a couple of months during a painful divorce. I felt this loss was a serious problem, but nothing I did could stop it.

A few years later, I was training with a shamanic healer. My internal light started to increase again until it was back to full strength, although the glow around my skin was absent. For the first time I realized I could move my awareness through time. I could recall fetal experience at will, and generally find trauma moments quite easily. I used this ability to discover the existence of the triune brains by watching myself lose fusion in the womb. I also started to be able to explore various spiritual experiences with the same clarity as if I was browsing in a store. I came to realize that this brightness was really unobstructed self-awareness. One of the more unbelievable manifestations of this state was the ability to move my awareness through time and dialog with myself in previous lifetimes. With training, I learned to use this state to heal other people’s traumas as if they were my own, something that developed into the Advanced Whole-Hearted Healing technique.

Unfortunately, after regaining my inner light, I abruptly lost it again the night my girlfriend told me our relationship was over. It started to fade in just minutes, but with the remnants of the light I was able to see the trauma that was causing this – a blow to my head during a car accident. Healing that brought the light back up to full strength, but the next morning I awoke completely dark inside. I could no longer use the abilities and processes that had been so easy for me. To continue my work in peak states, I sought out people who had this inner light and were willing to work with me. This was quite a problem, because I could not demonstrate any unusual abilities in order to attract colleagues or

students. In the interim I perfected the basic Whole-Hearted Healing process for people who were in average consciousness.

Another few years passed. I was now 41, working at the Hollyhock retreat center in western Canada and feeling great despair about my life. In a moment of pure spontaneity, I threw my hands up in the air in a V pattern and beseechingly asked God, "What is my purpose?" Suddenly, I 'saw' a ball of light come racing down from the upper right part of the sky towards me, and I knew it contained my purpose. Instantly a flash of absolute terror filled me, and the light vanished. Although I had blocked whatever I was supposed to have learned, just knowing that I did have a purpose was a tremendous relief.

The next breakthrough happened while working with a client who suddenly became internally bright while healing an implantation trauma. Although healing implantation only gave some degree of inner light to about 20% of the clients, it showed that acquiring inner light was possible. Many years later it also led to Dr. Perry's participation in the research, as she was lucky enough to have the trick work and was also willing to explore the developmental events hypothesis.

### **Chapter Overview**

This chapter explores peak states and experiences related to direct perception of the Creator (which we define experientially, to avoid confusion with religious and cultural ideas about God). In the previous chapter we located the Creator in a layer in the spherical layered structure of the cosmos, and described how it could be accessed using the out-of-body experience (OBE). In this chapter, we show how regression and healing of well-known developmental events allow us to explore it and its properties without using the OBE ability.

There are a number of states and abilities that involve the Creator. The most obvious one is a direct union with the Creator. However, this Creator Awareness state is not without pitfalls – a major problem, 'over-identification with the Creator', occurs with this state and has to be dealt with. The related Creator Light state allows one to regress at will to any time in one's past.

The part of us that is self-aware – the CoA self – is actually a separated piece of the Creator. However, in regression one experiences that it does not integrate into the body fully at any one time – instead, more is added at key developmental events as the organism becomes complex enough to incorporate it. This process starts with the precellular brains and continues into adulthood.

I end with a rather stunning application of this work – a description of the Seeing the Life Path ability, which enables people to find and live their true life purpose.

This chapter is essentially a review of the range of experiences, states, and other phenomena involving the Creator that are encountered by therapists using powerful therapies or simple regression. As such, this material is important for therapists using these therapies to know, so that they can recognize and handle these experiences in their clients. However, the viewpoint in this chapter – based on conventional psychological, spiritual and shamanic models – is too limited to understand what is really occurring. In the next chapter, we'll go into the actual

biological basis of the CoA and the Creator. This allows us to really understand how all of these phenomena fit together, and to create truly effective ways to acquire these Creator states.

#### *States, abilities and experiences in this chapter:*

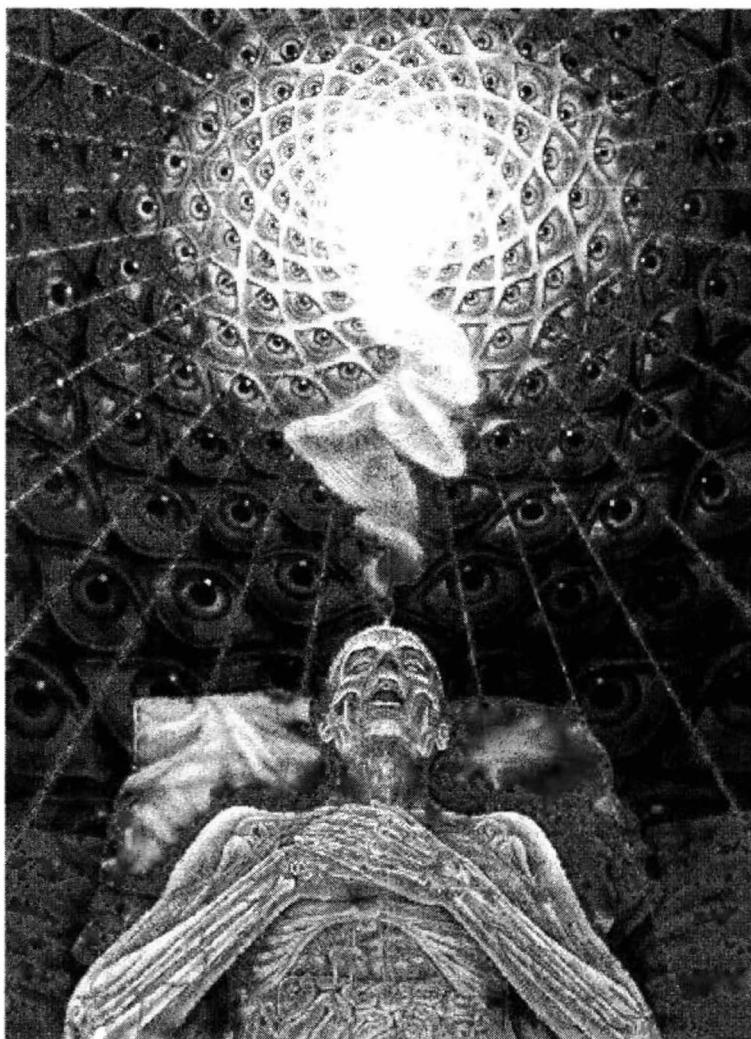
- Creator Light state
- Creator Awareness state
- Buddhist enlightenment
- Seeing the Life Path ability
- Being on Track state
- Awareness of Awareness state

#### **An Experiential Definition of the Creator**

Any major peak state of consciousness gives the sensation that it is the most profound and significant experience possible. This creates confusion when trying to identify what state an author is describing, since this characteristic of a profound experience is emphasized and other ones that would allow identification are often minimized. Worse, when this assumption is added to our Western monotheistic heritage, we find that many authors explain all profound experiences from the perspective of just one concept – God. Since this chapter does in fact address the mystery of God and its states, to avoid confusion with other profound experiences requires an experiential definition of exactly what we're referring to when we speak of God. This must be done before any meaningful discussion can take place. To emphasize that I am referring to a specific, experiential definition of God, in this textbook I use the equivalent but less culturally-charged label 'Creator'. The Creator as described in this chapter may or may not bear any resemblance to religious doctrine.

No matter which method one uses to access it, the Creator is directly experienced as a huge plane of self-aware light that can be communicated with and which radiates a sensation of acceptance. It generally evokes feelings of awe and bliss in the person experiencing it. The Creator is usually seen as radiant light, but it can alternately be perceived as bright, clear crystals that connect in smaller and smaller patterns, somewhat like fractals. If the Creator is experienced with traumatic cultural overlays, the experience of pure light is distorted into images like Jehovah in white robes sitting on a throne. Once these overlays are healed, the client sees it as pure light.

The Creator has other interesting, distinct structural features. The light itself has the experiential property of looking inward at itself and outward to the surroundings simultaneously. The plane of light is composed of gigantic regions which Kate Sorensen aptly called 'Creator beings'. Each region feels larger than entire galaxies. And on the 'underside' of the Creator layer are tubes of various shapes leading down to individuals on earth. The top of the tubes in the Creator layer have what look like 'rims' around them. The lower end of the tubes terminate into the areas of the body where the person's CoA is located.



*Figure 13.1:* This exceptional painting gives a visual image of the Creator level of existence. This representation of the Creator is instantly recognized by those who have experienced the presence completely enough to have seen it fully and clearly. This painting, entitled 'Dying' from the book *Sacred Mirrors: The Visionary Art of Alex Grey*, is reproduced with permission from the artist Alex Grey.

Alex's work covers a variety of experiences and levels of consciousness in vivid and dramatic detail. Many of his paintings can be seen in his book *Sacred Mirrors: The Visionary Art of Alex Grey*. We highly recommend this book to those who are interested in the fields of consciousness and spirituality. Alex's books and posters can be found on the shelves or walls of many who work in these areas of study. Other books by Alex Grey that I

highly recommend are *The Mission of Art* and *Transfigurations*. Alex's words and images are available on video, audio cassette, posters, cards, and merchandise that can be purchased from his visually stunning website [www.alexgrey.com](http://www.alexgrey.com). Alex's artwork is widely exhibited, and his lectures and other appearances are listed in the events section of his website.

Fortunately, there are several different methods that lead to the experience of the Creator. The previous chapter described the use of the OBE ability to go to the particular spherical layer of the cosmos where the Creator is located. However, to experience it directly in this way requires both this OBE ability and some way to pick out the correct layer in the structure. In practice, my associates and I had already encountered the Creator using regression, so we could pick out its layer from the 'feel' and appearance of it.

Another, more common way to experience the Creator is through a 'near-death experience' (NDE). NDEs were first popularized by Dr. Raymond Moody M.D. in the 1970s, and there is now a huge body of work on this topic. When an NDE is experienced fully, the person who nearly dies may experience going through what looks like a tunnel, valley or stairway that can be bright (or dark), up to a place that is filled with light; the person can speak with a being there, or to the light itself. They will often describe the being of white light that they meet there as God, Christ, Buddha, Allah, or someone very holy. Unfortunately, because this experience is involuntary, usually partial, and not repeated, most people don't have the full experience. According to a Gallup poll of Americans as quoted by Dr. Moody, about one person in twenty has had an NDE. Of these, about 14% encounter the Creator.

#### Example:

The Buddhist concept of *dharmakaya*, the 'primary clear light', is probably equivalent to the Creator as defined in this chapter. According to the Tibetan Book of the Dead, it appears at the moment of death, although most people avoid reuniting with it and remain in the cycle of death and rebirth.

#### Definition: the Creator

The Creator is a plane of self-aware, brilliant white light that is typically felt to be above the head. It is sometimes encountered in a near-death experience. Particular developmental events allow easy access to it through a tube that connects one's body to the Creator. A piece of the Creator is detached to form a person's CoA. The Creator is composed of areas that feel like adjacent 'beings' of immense size.

#### Regression to Developmental Events Involving the Creator and the CoA

The focus of this chapter is the use of regression to particular developmental events to access the Creator. This has many advantages: most people can do it fairly easily; it can be repeated, which allows people to clear up distorting traumas so that they can see what is really there; and it is consistent, allowing

therapists to regress to the same points in time in every client to get the same experience.

At certain developmental events when the developing organism reaches new, major levels of complexity, a person who regresses to those moments experiences a 'flash of light'. If this event is replayed slowly, he sees a 'ball' of light enter his body (be it an adult, child, fetal, cellular, or precellular body) via a tube or tunnel, generally from above his 'head'. The ball of light rapidly expands throughout his body. Then, for most people, the inner light returns to its previous level, although for some clients their regressed self (and sometimes their present adult self) remains brightly lit.

That ball of light is a part of a person's CoA. A series of these balls of light enter the organism at key developmental events and merge with the CoA that is already present. Incidentally, this is often misunderstood by therapists working with this experience – they tend to assume that the CoA light comes in just once, at whatever moment they consider as the start of life, be it conception or birth. In actuality, this is an ongoing process that happens dozens of times during development – even in adulthood.

The timing of the entry of the ball of light into the organism is exquisite to watch. No matter what has happened, it enters the body at precisely the correct instant for a given key developmental event. Clients who regress to any of these moments have a 'window of opportunity' that makes accessing the Creator relatively straightforward. The therapist directs them to move backwards in time, but instead of regressing in the physical body, they put their center of awareness into the ball of light and follow *its* path backwards in time. The non-physical tunnel 'parallels' the time line of the physical experience. The clients now have a duality of awareness – they are both the ball of light moving back up the non-physical tunnel or tube while they are also the physical organism moving backward in time. Most clients experience themselves as just the ball of light – they aren't conscious of the developing organism unless directed to pay attention to both experiences.

Another way of thinking about this experience is to visualize a time line under a series of images, like a commercial business presentation. In these illustrations, left is the past, right is the future, and little tick marks denote particular times that the presenter considers important. In this case the time line is the tube to the Creator, and the illustrations show earlier and earlier pictures of one's entire life all the way to precellular organelle brain growth.

Following the ball of light to its origin into the past has another interesting effect well known from NDE studies – the 'life review'. As one follows the ball of light back to its source, events that happened before the moment of entry into the tube can be observed. This is particularly useful in healing traumas that are normally suppressed from consciousness – as one moves up or down in the tube, one feels a 'catch' or hesitation in the smooth movement of the light ball through the tube. 'Looking' back at the physical body (of whatever kind) shows it having a traumatic experience at those 'catches'. This trick often allows one to see

events from what feels like the safety of the tube – including many events that they wouldn't be willing to face in regression in their body.

When the ball of light is followed back to its origin, it leads to the Creator level of existence. (This can be an experience of the Creator itself, or of the client's oversoul – see the next chapter for an explanation on how the two are related.) The client sees the ‘plane of light’ and finds he can communicate with it. Some clients see the Creator as a person or entity. However, healing related trauma causes them to drop this protective projection mechanism and see it as a plane of light. On rare occasions, some clients follow the light ball back to its origin, an open funnel with the mouth opening into dark space. They witness the ball of light pull together out of nothing and then go into the opening.

Up to this point, I've described this phenomenon from a ‘spiritual’ or ‘non-physical’ perspective – in other words, as seen from the perspective of pure consciousness. However, as usual, there is actually a physical, biological basis for it. The ‘ball of light’ is actually CoA material being transported through the meridian tube system inside the primary cell at a key developmental event. They are observed as coming from the outside because, from the perspective of the nucleolus ‘directing self’, the meridians are ‘outside’ of its ‘body’ in the cytoplasm. People are actually seeing physical events in the chakra and meridian structures of the primary cell, which is covered in detail in the next chapter.

### **Internal Brightness: The ‘Creator Light’ State**

The most useful Creator peak state for healing work is characterized by a clear white light that fills one’s body (or it can have a pale-golden tinge). The intensity of the light varies with the strength of the state. The ‘light’ that I’m referring to is found by turning your attention inward with your eyes closed in a dark room. If it appears that there is illumination in your head (not like a pitch-black room), that’s what I’m referring to. At its best, it is radiantly bright, as bright as outdoor sunshine. In typical people, it comes in a gradation from pitch black to fully brilliant, and can vary in brightness over time, especially during trauma work. In the full stable state, you are permanently brilliant internally at all times. We call the presence of this internal light the Creator Light state. This state can be had totally independently of any other state.

A person with this state finds that they can regress at will to any time in their existence. They can move their awareness through time at will, not dependent on hypnosis or other tricks of regression. This makes healing much, much simpler – clients without this state still find it possible to regress to particular trauma moments, but people with this state find that any moment, traumatic or not, is accessible at will. (There are exceptions – to avoid pain, some people in the state will still unconsciously avoid noticing particular traumas. This can also be due to other reasons such as cord stimulation as described in Volume 3.) People who have grown up with this state often unconsciously use it to recall information – they simply relive the moment when they first learned the information to refresh their short-term memory.

This state is caused by an unblocked connection to the Creator, which is usually associated with a tunnel or tube of light going upward to the Creator (although people don't usually notice the tube unless their attention is directed to it). In the previous section, I described how a client can become aware of a 'ball of light' and the tube or passage to the Creator, if he starts from a key developmental moment when the ball of light arrives. However, when the client returns to the present after healing, he may find that he now has a tube connected to his CoA that goes up (sometimes angled a bit diagonally to the right). He ~~can~~ move his awareness into the tube, but at first he usually finds it somewhat blocked and constricted.

The blocks to this state are due to traumas of a particular kind. To the body, the connection to the Creator *feels* like all the other kinds of connections it ~~has~~ had to sources of nourishment – most obviously the umbilical cord. This is why, when 'looking' at different people's tube-like connection to the Creator, one tends to see a variety of shapes, often twisted like the umbilical cord was during a particular trauma moment. Figure 13.1 illustrates this quite well, with the quasi-umbilical connection running up from the person's head to the Creator. The body consciousness forms the tube into a shape that it is familiar with, mimicking the physical umbilical cord.

The blocks in the tube to the Creator also mimic old physical blocks in the umbilical cord that supplied nutrients to the fetus. Healing these traumas unblocks the connection to the Creator, increasing the experience of light. Further, healing the body's associations between a physical umbilical connection and the non-physical Creator connection gets rid of the tube-like structure itself. One now has the full state, and the tubular structure is no longer evident – instead, it is like standing in a spotlight. The edges of the tube are no longer perceptible and the light fills the whole body and the area around it. Light completely fills the tube and oneself. The connection now extends to the Creator layer without any blockages. Feelings of awe and bliss accompany the full state, which fortunately one gets used to fairly quickly. This approach works quite effectively. This method is simple and efficient when used one-on-one with someone who's already found some degree of Creator connection.

The Creator Light state (with its unblocked tunnel to the Creator), and the NDE life review both can have the same characteristics. In an NDE life review, people generally experience all of the events of their lives happening simultaneously, not chronologically. The person can also have this experience due to the nature of the tunnel to the Creator itself. When regressing up the tunnel in the ball of light, events are experienced sequentially, albeit in reverse chronological order. However, when the connection to the Creator is unblocked, one finds that the tube is filled with light and events can also be experienced simultaneously, although this isn't typically done. Instead, one usually focuses on a particular time and event. (However, yet another mechanism exists for simultaneous life review – by merging with one's own oversoul, and accessing one's own lifetime. This mechanism, and the biology behind it, is covered in the next chapter.)

Again, most people in the Creator Light state don't notice that they have a tube of light leading to the Creator. Instead, they simply notice that their body is filled with light, and that they can recall any event at will without any sense of movement through the tube. Only when their attention is directed upwards to it do they see their internal light extending upwards.

### *The Creator Light Changes with Other States*

When combined with the Sacred Beings state in the realm of the Sacred, the Creator Light state is no longer experienced internally as a clear bright light. It becomes a bright, fluorescent black – not a darkness, but rather like having a powerful black light illuminating the interior of the body.

When the Creator Light state is combined with the Inner Gold state (but not with the Sacred Beings state), one experiences the interior of the body as lit up with a bright golden light rather than a clear white light.

### *Problems and Safety Issues with this State and Approach*

The problems we've encountered due to acquiring this state have been minor. For example, a full state is so internally bright that it is like having Hawaiian sunshine inside the body. Some people note that it makes going to sleep a bit difficult as it is now impossible to 'turn off the light'.

A practical difficulty is sometimes encountered when using the state to regress to prebirth experiences. Some people find that even with extreme internal brightness they can't regress before birth. At least in one case, healing the belief that the womb was an idyllic place full of nurturing and bliss allowed access to the truth – the prebirth experience was filled with pain and trauma. Interestingly, there is a difference between a NDE life review and a regression life review that may bear on this last point. As would be expected, the NDE life review covers events ending at the moment of near death, but begins at birth; it goes no earlier. This is a consistent pattern that I verified a number of years ago in private communication with Dr. Kenneth Ring, who has studied many NDEs. At this time I don't know why the Creator Light state and the NDE life review differ so consistently in this respect.

Another difficulty occurs if the internal light decreases or turns off completely, and becomes dark. People sometimes feel panic when this happens. Fortunately, this occurs due to activated traumas, and a quick review of what triggered the problem and some effort to heal it cause the state to return. If the Creator Light state isn't fully stabilized, traumas of extreme discouragement or betrayal can also dim the light in the body or cause it to shut off. Preoccupation with death also affects the light. Here are some examples of gaining and losing inner light:

#### **Example:**

A woman in her early 40s did the Creator Light process and became very bright inside. She later became pregnant, but the fetus died. She had very much wanted children, and she lost her inner light at the death of her fetus.

**Example:**

A man in our workshops did the Distant Personality Release (DPR) process on his father. Abruptly, he was filled with extreme inner light.

**Example:**

A woman healing the placental death received a ball of light from what felt like the placenta when it died. She was filled with so much light, she was concerned that others might see her glow. Her light continues as brightly as at first.

**Severe Trauma at Separation from the Creator**

My students usually don't have too much trouble encountering the Creator at a superficial level. However, there is a deeper level of this experience. Each of us is like a little hologram of Creator, or as traditional teachings put it, a drop of the ocean. The Creator is outside of time as we know it. Because of this, students who regress to any 'ball of light' developmental event and follow it back to its origin usually access their personal, first separation from the Creator itself.

Unfortunately, many of the people we've tested re-live this separation as the most excruciatingly torturous experience it is possible to have. Some describe it as intense, terrible and irreversible rejection. For these people, this experience is so traumatic that it makes virtually any other agony seem trivial by comparison. The first experience of this is the most painful. Subsequent encounters via other ball-of-light events repeat the first separation event, but at a greatly reduced level of trauma. This progression continues with succeeding encounters being less and less traumatic. Thus, as a rule of thumb we don't work with Creator separation in clients unless they're mentally stable and prepared.

Does everyone have *major* trauma during separation from the Creator? In our experience the answer is yes. However, this may be an artifact of a small sample size, or it may be an artifact of accessing severe biological traumas around separation, such as ovulation and birth. However, it is far more likely that the later biological separations have much of their traumatic impact because they evoke echoes of the Creator separation. In the book *Remembering Our Home*, William Emerson reports that only about 20 to 30% of his clients have the experience of being 'cast out of heaven'. Unfortunately, it is unclear to me whether he's talking about Creator separation or oversoul separation (covered in the next chapter). The latter is similar but usually less traumatic.

At first, we thought the Creator separation trauma was only triggered by using severe physical separation traumas, such as the first contraction of birth, to access the balls of light. Thus, we had students avoid this trauma. For example, clients generally don't get thrown into Creator separation trauma on implantation regression, when the zygote touches the womb wall and a ball of light enters. Apparently the type of starting event (separation or combination) determines the nature of the experience when the client accesses the Creator level of existence. Later, we found this wasn't guaranteed – some of our students still encountered

Creator separation by ‘backtracking’ to virtually *any* event involving Creator light entering the body.

As a caution for therapists, the first contraction of birth is usually far more traumatic than implantation. Birth causes both severe physical compression of the fetus and oxygen deprivation as the uterine contractions block blood flow to the placenta, all exaggerated by similar traumas from previous developmental events. The first contraction (this assumes a simple birthing with a well defined first contraction) is simultaneous with a ball of light and tunnel experience that is usually experienced as a severe traumatic separation of the CoA from the Creator. In fact, for most clients it is about the worst trauma that human beings can experience, both from the physical and the spiritual aspects of the experience. We do not recommend working on this trauma without very competent supervision from someone who has already healed it in himself, and even then it can be nearly intolerable. Without assistance, some people take months to heal this experience fully, and their lives can be severely disrupted during this period.

### **Merging with the Creator: The ‘Creator Awareness’ State**

As of this writing, we don’t yet know if the Creator Light state is directly related to merging with the Creator or not. Although the two experiences don’t appear to be directly related, the Creator Light state may be just a deeper healing of the Creator separation trauma. Thus, for the time being I’ve chosen to call remerging with the Creator the ‘Creator Awareness’ state. This state gives more than an internal light sensation – a person feels the bliss of direct connection with the Creator itself, and he finds that he can now ‘speak’ to it directly.

#### **Example:**

Is it possible to merge with the Creator and be unable to return to one’s body? So far we haven’t seen this happen using our approach. However, the shaman Hank Wesselman in his book *Visionseeker* may have described just such an experience: “I did not allow myself to merge completely with this beauty when we experienced it before, as I felt concern that I might not return.” Driven by intellectual curiosity, he later did merge with the Creator. However, he ended up needing outside assistance to leave it again. (*Visionseeker*, page 245.)

Is the experience worth taking this risk? Hank gives a taste of what it is like to merge with the Creator: “In those moments of complete immersion with the Source, I experienced total soul separation from my physical body. There was only the golden light and its great, all-encompassing awareness. (...) The spoken or written word can never fully describe the magnificent yet terrible experience of that vastness and what it contains. The ultimate truth of this natural state can only be known by each of us through direct experience. (...) To say that I felt rapture doesn’t come close to the awe I feel even now in saying these words. I was merged with the Divine... I was the Divine.” (*Visionseeker*, page 252.)

### *A Potentially Serious Problem with the Creator Awareness State*

Unfortunately, there is a *major*, serious problem with acquiring the Creator Awareness state. Worse, virtually everyone gets stuck in the problem when they start acquiring the state. If a client heals some or all of the Creator separation trauma, he becomes *over-identified* with the Creator. The client now feels about human life as if he were the Creator itself – the Creator isn't born, doesn't die, and can't be hurt or experience pain, and there is no way to suffer. The client has the delusional feeling that "everything is OK and is the way it is meant to be". The client will blithely ignore others' suffering and becomes happily uncaring about others' wellbeing. Interest in healing others, and motivation to stop suffering if it takes any effort on their part simply stops. Needless to say, people in this delusional state of mind can be quite annoying to others. When confronted on the issue, the client feels the problem is due to the lack of spiritual understanding in other people and not themselves.

### **WARNING**

*Acquiring the Creator Awareness state partially causes people to suddenly lose interest in helping or healing others. They become over-identified with the Creator, and suddenly feel like "Everything is OK and suffering doesn't matter." Further healing is required to get them out of this delusion.*

Fortunately, one of my students found a simple fix for this problem. He had been working on Creator separation trauma, and had experienced the Creator realm three times. Soon after, he recognized that he had a problem when he found himself uninterested in healing a client. Feeling into it more deeply, he realized that he had lost his connection to everyone and everything he could think of. In spite of the sensations that pushed him to stop searching for why he now felt this way, he persevered and found a solution. To restore compassion, clients must extend their awareness up the tube to the Creator, spread out into the Creator, and send their awareness back down the tubes to other people. They must continue this extension into the ground and back to themselves, as if Creator awareness was making a gigantic, multi branching loop. This quickly and, so far, permanently solves the problem. The client can now feel others' suffering and no longer over-identifies with the Creator. In our experience, just doing this process once is enough to solve the problem, although it may turn out that some people will require more trauma healing around this procedure.

### **Healing Implantation to Acquire the Creator Light and Creator Awareness States**

At this point I feel it would be instructive to see how we originally used familiar developmental events to get the Creator Light or Creator Awareness states. When we first started out we had to use post-conception developmental events that we knew about and understood. This approach didn't work very often – too many earlier, interfering events – and the states were usually somewhat

unstable, but it did allow us to make progress in understanding the phenomenon. Regression therapists reading this chapter can use any current state-of-the-art therapy techniques to access and heal these events, and so can follow and duplicate the steps that I describe below once they understand what they're trying to accomplish. We don't use this approach anymore – instead, we currently use either a 'direct induction' technique (see Chapter 16) to force a connection to the Creator and then heal any traumatic material that arises, or, alternatively, we use regression to biological Creator developmental events (described in the next chapter). This latter approach is simple, effective and efficient, with the added advantage that the therapist doesn't need to have any unusual states himself.

Put yourself in a therapist's shoes. When working with clients who wish to regress to a developmental event that might give them Creator light and awareness states, which event should you use? There are many choices possible, since all major developmental events have a 'ball of light' arrive from the Creator. To save time, pick one that usually doesn't happen with much trauma – since your client will have to heal the event before they can backtrack the ball of light to its source. By analogy, he has to extinguish the casserole that caught on fire before he can eat it. However, if you also want to unblock the tube to Creator, choosing an event that also involves the placental connection helps cover both aspects of the problem. Thus, for several years I chose the moment of implantation (this event sets up many umbilical cord problems). In about 20% of my clients this gave them at least some degree of the Creator Light state. At the time this was an empirical observation – I hadn't yet worked out the underlying mechanisms. Implantation also illustrates some of the stranger problems that can occur with the Creator light experience.

The key moment in implantation happens when the zygote touches the womb wall. The regressed client generally experiences it as hitting with his forehead and then settling down, like lying on one's belly on a mattress. (However, if the client has already removed his nurse cell layer, he lands on the womb wall on what feels like his chest and belly with his arms and legs slightly bent.) Unfortunately, the zygote's landing is often accompanied with traumatic damage that needs to be healed before the client can proceed. This damage can be due to impact, inappropriate landing site, fibrous resistant womb surface, bouncing off, being hit by debris in the womb, toxic womb fluid, etc. As the blastocyst touches the womb wall, the client usually experiences a flash of bright internal light. After any impact trauma is healed, he can then experience the landing at another level of consciousness. He can be a ball of light that briefly enters the womb wall (or the nurse cells which feel like the mother to the blastocyst) and then enters the zygote as it touches the womb wall.

When trauma at that moment is completely healed, the client will feel very large, lightweight and internally bright. This brightness is not always present for several reasons – if the person has traumas that keep him dark inside in the present, then he sometimes doesn't see the light in the fetal body. And if the fetal body still has major 'holes' in it even after the current womb trauma is healed,

the client can experience the healed fetal body as still dimly lit. In practice, the client sometimes ignores areas of the zygote that are injured and so they feel small and appear dark while the rest of the zygote is large and bright – this has to be checked to make sure the healing is complete. Regardless of his internal brightness level, at the moment the ball of light enters the zygote, there will be a much greater flash of light.

Some clients encounter a problem at this point. If the mother has an association with light that makes her feel that she needs to hoard it for her survival, experientially the client will find that the ball of light gets held in the mother and doesn't enter the zygote! This can be healed by having the regressed client expand his awareness into the mother to help her release the momentary traumatic association that was triggered. When that is done, the ball of light then enters the zygote on schedule. The ball of light enters each of the triune brains starting from the experiential 'head' where the zygote first touched into the womb. When all these issues are healed, all clients report being filled with light in the past, and about 20% of the clients report becoming filled with a clear bright white light in the present, a condition that continues at various levels of brilliance afterwards (the Creator Light state).

The client is now ready to go to the Creator. With some coaching, the client soon finds that he can choose to follow the path of the ball of light rather than the path of the zygote into the past. By moving forward and backwards in time, as if using the slow motion control of a video player, he finds that the ball of light was moving through (usually) a spiral tunnel that opened out into the womb wall and then into the zygote. It's a lot like a tennis ball falling down a spiral funnel, with the narrow end at implantation. The client recalling this experience can put himself into the zygote or in the ball of light – both feel like 'himself'. Regressing while keeping consciousness in the ball of light causes the client to feel like he is rising back up. Eventually the client reaches the Creator itself.

At this point, the client usually just looks out at the plane of light as if he were a tourist. He finds he can 'see' the different features of the Creator plane – the tubes with their rims, the huge areas of the Creator beings. Occasionally a client will see the Creator symbolically, for example as Jehovah sitting on a throne. This means that trauma healing around this is needed. When fully healed, the client can now experience himself as part of the Creator itself by extending his awareness into and through it, like a drop returning to the ocean. He can also have a dialogue with it, but interestingly the client generally has to initiate the conversation – the Creator remains silent unless addressed.

### **Accessing the Creator for Information and Healing**

In the Creator Awareness state, one can communicate with the Creator to ask and answer questions, and be aware of its motivations and actions – one no longer needs to regress to get to this experience. A reasonable question at this point would be "Is this material about the Creator delusional?" As much of this work can cause delusional material to surface in an attempt to avoid the pain of real experience, it's a very valid question. At this point we can say that people

doing the healing processes at these developmental stages consistently get similar experiences and insights, even though they don't know that anyone else has had the same experiences. Does this make it real? No. Does this indicate that there are consistent results that may mean it is real? Yes. Our results are also consistent with those found by Dr. Stanislav Grof in his work with clients using breathwork, as described in his book, *The Cosmic Game*.

The material in this book can be disturbing to people who hold strong beliefs about the nature of God or about spirituality. For this reason, in the Whole-Hearted Healing workshop setting I do not talk about this material except privately to people who encounter it as an outcome of a healing experience.

Incidentally, this method of communicating with the Creator is not 'channeling'. In channeling, people have something 'come into' their body, and speak through them in normal human language. (I refer you to Volume 3 or my book *Silence the Voices* to understand what channeling is and how to heal it.) Communicating with the Creator is quite different – one leaves the body (or extends one's CoA) upward to go to it; and it does not 'speak' in language, although it can be conceptualized that way.

#### Example:

A man in his 30s experienced his separation from the Creator. Just as he was being separated from it, he 'heard' the Creator wonder to itself if this one (the client) would become self-aware.

#### Example:

Kate Sorensen was able to access the Creator at will. She enjoyed moving to the Creator level to try to understand some of the big questions that people have about life and why things are the way they are. To our surprise, she reported that the Creator was actually 'partitioned' into a number of Creator beings engaged in a sort of friendly effort to make the 'game' more interesting.

#### Example:

A man in his 30s was merged with the Creator during a session. He reported that it (he) was very involved in making the physical and spiritual world more interesting by making the 'game' more complex. The loss of awareness that the parts of it experienced when they entered the physical was part of this. He described how he experienced the Creator as a being of total serenity and acceptance. He was very surprised when he felt the Creator itself feel a moment of shock when it suddenly realized that the game had gotten out of control, and the loss of awareness of its parts couldn't be undone. At that moment, the Creator started to try and reverse the game – to bring more consciousness into reality, not less.

Another way to answer the question, "Is all this real?" is to come up with some method that uses these insights in ways that can have a demonstrable effect

in the real world. This is similar to the problem of electromagnetic radiation – it's something that can't be seen or felt, yet knowing it is there and applying its properties leads to such diverse applications as telephones, radios, and motors. Fortunately, the ability to go to the Creator level is useful in several ways.

**Example:**

A woman in her 50s was chatting with the being of light, or Creator as we generally refer to it. She asked it to take her to her dead parents, and was instantly there, able to speak with them.

One practical, demonstrable application of the Creator Awareness state is in healing emotional trauma. We discovered by accident that moving awareness to the Creator level and requesting healing of issues initiated a series of painful traumas to be re-experienced and healed. However, this request has to be put in more of a 'do it now' sort of sense, or nothing happens. Also, if one has even an unconscious counter-commitment to healing the material, nothing happens – apparently the Creator pays attention to both the conscious intent and the unconscious counter-commitments.

**Example:**

A woman in her 50s decided to heal all her issues around the drugs that were used on her as a younger woman for depression and mental illness. She went to the Creator level and made her request. For two or three days straight the huge number of traumas that she had around this issue came into her experience one after another, for about 30 minutes apiece in a continuous flow. She'd feel the emotional and physical pain as if it were happening in the present. As she was trying to work at her job at the time, it caused her a lot of difficulties.

**Example:**

Dr. Gay Hendricks, the well-known body-centered therapist, in his book *Learning to Love Yourself*, writes about an experience of profound healing. He was walking in the woods when all kinds of traumatic material started flowing through him and dissolved. It is quite likely that he triggered healing from the Creator level.

### **Buddhist Enlightenment**

What is the Buddhist enlightenment? We now have a potential answer to this fascinating question. Buddhist practices emphasize the body; and breath meditation is the main tool to gain states in this tradition. The Buddhist tradition has no real equivalent to the Christian concept of the Creator. This would normally imply that Creator states do not apply to 'enlightenment', in spite of the fact that there is inner light reminiscent of Creator light involved with the state.

However, with more experience, I began to realize that the Buddhist tradition of enlightenment and the Christian one of the Creator were probably different aspects of the same phenomenon. This first became evident to me while discussing this issue with Pyx Sutherland a few years ago. She had acquired a significant degree of the enlightenment state the previous year, as verified by her Buddhist teacher. She'd always had a number of peak states, but this enlightenment state was new to her, and far more important to her life and sense of wellbeing. Pyx's new state has been stable and continuous (thus answering the question of whether it can be or not), and she finds it extremely valuable and life changing. This makes it a state that is clearly desirable to acquire quickly, rather than through years of Buddhist meditation.

An understanding of how her state relates to the material in this chapter came out of our discussion of the state characteristics and a simple experiment. It turns out that she now experiences her awareness as being aware of itself. This is a good description of the experience one gets when going to the Creator and merging with it – the Creator is awareness looking at itself. However, her experience is not in the Creator realm – instead, it is inside herself. This strongly suggests that Buddhist enlightenment occurs when the portion of the Creator that is within us regains its original ability to look inwardly to its own awareness! To test this idea, I induced a Creator connection state into her, to see if it made any difference. She responded: "I feel a little 'fuller'". When I increased the strength of the Creator connection state in her, she reported that "it feels more luminous, but not like a light shinning – like an infused quality." She concluded that the Creator connection state felt similar to the enlightenment state, and definitely made the enlightenment state stronger in herself. At the time this implied to me that the Creator awareness state and the Buddhist enlightenment state are related – and subsequently, we've found more evidence to support this.

#### Example:

Pyx Sutherland experienced a breakthrough using her Buddhist practices after a decade of work. Her teacher told her that she had achieved a degree of Buddhist enlightenment. We tested her, and found she now had, among other states, the World Within Body state. However, it turned out that she'd had this state on and off most of her life. She'd also had intense experiences of being a tree or a gate, and feeling everything about the whole situation. "My first experience was when I was five. Even though I had these states, and they were pleasant, my habit self would come back and the survival machine would kick in. I didn't have a sense of skin boundary most of the time since childhood. I was really lucky because my parents really adored me, and I knew I was really loved. I trusted the world. The Byron Katie work helped to make this even deeper. I got myself out of the way." She could also hear Gaia clearly. She doesn't feel hollow inside, but she doesn't feel particularly solid either.

In her 50s, she had a sudden breakthrough during a Tibetan Buddhist meditation retreat. "I felt so clearly that I was no longer a seeker. There was

no longer any need to look outside of myself, or have a thought of getting, achieving, or searching. In fact, it was a huge joke that I'd been looking for something else. I laughed and cried, and was overwhelmed with gratitude to know I didn't have to search anymore – I had spent my life feeling like I had to find something. I now had a great sense of ease and effortlessness. I had a sense of being but without thought. There wasn't a sense of being driven by needs, opinions – I was completely free of it. I experience now the vastness of the nature of mind.

"After 2 years, I realize now that there was still a 'me' experiencing that relief. I was still referencing a self. I now see all these ideas as pretty limited. All these particular states are floating in something bigger that doesn't come and go. I seem to be resting in something that doesn't fluctuate now. Things are so simple now that seemed so complicated before.

"There is a vastness, with a luminous quality. There was an experience of being aware of my own awareness – and that was the core to the experience. I practiced 'pointing out instructions' to have 'nature of mind' to get that result."

Pyx didn't have any increase in internal brightness, hollowness, or have her CoA expand during this breakthrough, although now she does have a sense of internal brightness accompanying actions. She did have a sudden awareness of her own awareness, and she feels this is the key sensation to the enlightenment state she now has.

Interestingly, her state has to be maintained through 'choice'. If she chooses to allow her personal 'story' to take over, her center of awareness will shrink and her ability to have the Zen experience will decrease or vanish, although she knows it is still there under the personal story. Otherwise, while in the state her center of awareness expands to fill the room.

At the moment, we are tentatively hypothesizing that there is an 'awareness of awareness' state, and if so, it may be equivalent to the Buddhist enlightenment state(s). The next chapter goes into detail on what would be the relevant developmental sequence for this hypothesized state.

### **Past-Life Deaths and One's Own Future Death**

At first glance, it would appear that using past-life regression to the moment of that individual's death would be a simple way to access the Creator. However, this turns out to not be the case. A review of the literature shows that clients may or may not have the 'tunnel of light' experience and go to somewhere bright, but if they do, they don't usually encounter the Creator. Instead, they generally end up communicating with other beings or dead people and never get as far as the Creator level itself. The next chapter covers this effect – the client can go to a completely different kind of consciousness, the 'past-life oversoul', and not to the Creator level. This makes sense from the perspective of the Tibetan Book of the Dead: "The Tibetan treatise, after describing the same blissful inner

experience that those who have gone through the near-death experience report, states that if the dying person can recognize that this light is really his own essence, he will be absorbed into it and not have to reincarnate further.” (Winifred Lucas, *Regression Therapy*, Volume 2, page 198.) Apparently, if the client had actually gotten to the Creator, he would have been absorbed into it, not reincarnated further, and been unavailable for past-life recalls.

However, there are other techniques involving death that do allow us to access the Creator. As I’ve already mentioned, some people do go to the Creator level during an NDE (although most don’t). Another method I’ve come up with that can be used from average consciousness is to move forward in time to one’s death by advancing *forward* in time along a sequence of traumas. In all the people tested, the final trauma moment, regardless of the trauma string followed, is at the moment of death. The client finds himself (actually, his CoA) pulled upwards in the tube all the way to the Creator level of existence. I’ve only tested this on a handful of people – I was just trying to see if it was possible – so it may be that the clients were mistakenly experiencing their oversoul and not the Creator, as both feel similar to a beginner. It should be fascinating and possibly fruitful to explore this approach further.

#### Example:

A woman was investigating her death trauma. She noticed for the first time that the tube to the Creator at her chest was trying to lengthen and attach to what she described as a ‘cord’ that came into her at the base of her spine. This ‘cord’ came out her back, and moved up outside her body and over her head, going up and forward to what turned out to be an empty void. When she forced the two energetic structures to touch briefly, she got a flare of light inside herself! She didn’t fully heal this event, but later went to an earlier trauma at the moment of birth (disconnection from the mother, the cord being cut). There, she went through an amazing experience of having the ‘cord’ move up and merge/fuse into the tube to the creator. This led to the experience of not only being filled with light, but of having the cord/tube going up through the center of her being/body, of being in the center of a blazing column of light that from a verbal description sounds like the *axis mundi* in the humanity disc. As the fusion between the cord and tube occurred, the tube to the Creator moved from a tube that was outside her body with the terminus at her chest, into extending into her lower spine and shifting into the center axis of her body, or as she called it, the center of herself.

#### Soul Loss and Soul Retrieval

At this point it is now possible to understand how the CoA and the Creator contribute to the problem of trauma. (Since this topic isn’t directly relevant to peak states of consciousness, I’ll just give a brief description and refer you to the in-depth material in Volume 3.) As we’ve seen, one’s CoA self is a split-off piece of the Creator. This CoA is like a hologram of the Creator, and it retains

*the same ability to split off pieces of itself.* This ability to create new sub-CoA's turns out to be a disaster. During the initial trauma in a series of similar traumas, a portion of our CoA is divided away from our main CoA. This 'sub-CoA' (the trauma 'self') is then confined in a ribosome structure that can be seen in the Primary Cell. Later related traumas split from the earlier trauma, in a long chain of trauma moments connected by a tube reminiscent of the tube from the Creator. (As described in an earlier chapter, this 'tube' is actually messenger RNA anchored to the nuclear wall.) In fact, any given trauma CoA self experiences the earlier CoA self that it was split from as the Creator, which is certainly understandable since the previous one in the sequence really did create it. Fortunately, this isn't just some un-provable, useless theoretical model. Our state-dependent Primary Cell Technique (PCT) technique eliminates traumas completely, quickly, and painlessly by taking advantage of this underlying biological mechanism.

These enclosed 'pieces' of self-aware CoA in a trauma are called 'soul' in the Michael Harner school of shamanism. If our body sends one of these trauma pieces 'away' from our body area – because the contents are too painful – shamans call this 'soul loss'. (Physically, soul loss corresponds to an empty area in the cytosol of the primary cell.) The opposite phenomenon can also occur. It is possible for a person to acquire a piece of another's soul, in an activity that Harner calls 'soul stealing'. (Physically, this foreign CoA is contained in some of the ribosomes imbedded in the rough endoplasmic reticulum.) This 'stolen soul' acts self-aware and is the main cause for the 'voices' that schizophrenics hear. This is also the dominant mechanism for the annoying 'mind chatter' that most people have and is annoyingly evident during meditation. Although most people assume soul loss and soul stealing are simple quaint superstitions, this is not so – instead, the shamanic traditions were based on the observation of a real phenomenon, but their explanations were limited to the traditional, pre-biology context that they lived in. The truth of these concepts can easily be demonstrated, since our Silent Mind Technique™ uses an understanding of this underlying biology to eliminate 'voices' in schizophrenics and other people. This topic is covered in depth in my upcoming book *Silence the Voices: From Mind Chatter to Schizophrenia*.

### Miscellaneous Aspects of the Creator: 'Choice Events'

One of our investigators has said that her regression work suggests another label for the Creator: 'The Intention Principle'. I find that interesting, as you generally have to 'intend' or 'will' to initiate communication from the Creator – it doesn't spontaneously offer advice or comments. Just hanging out at that level doesn't initiate a dialogue. However, there are developmental events where the Creator does initiate action with the person, in what I call a 'choice event'. Probably the most dramatic of these events occurs when the Creator requires each of the triune brains to choose either good or evil. (This event is covered thoroughly in Chapter 15.)

## Our Life's Optimum Purpose and 'Seeing the Life Path' ability

All of us, at one time or another, are confronted with the need to choose between two or more courses our life can take. Wouldn't it be wonderful if there were a way to pick the optimum choice? At this point in our work, it appears that there is just such a way – by using the 'Seeing the Life Path' peak ability.

First of all, is there even the possibility of having an optimum choice? It is clear that Gaia can and does always direct us on the optimum path – our health and wellbeing are very important to it, after all. But not only do we block Gaia's instructions, we can easily fool ourselves into thinking we're getting directions from Gaia when we are not. Then there is yet another, more fundamental issue – as described previously, the past and future have already occurred. Our choice isn't really a choice, because from outside of time it is possible to see that we've 'already' picked one, we just haven't played out that particular scene yet. So, the question is how to find the optimum choice, change our future so we can live it, and avoid self-deception. Fortunately, this is possible to do.

As I mentioned in the introduction to this chapter, when I was 41 years old I personally experienced an incoming 'ball of light' that contained information about my life's purpose. This dramatically showed me that there *is* such a thing as a life's purpose, and that it was possible to find out what it was. Later, a shaman teacher of mine showed me a simple technique for making optimum life choices. When faced with a decision with different choices, he taught me to first heal any emotional content around the choices (such as fear, desire, and so on). When I was calm about all of the choices, I would find that the choice that was best for me would brighten me internally when I considered doing it. Both these approaches share a common theme – they involve 'light'. This turned out to be an important clue.

### Example:

Nancy found the moment when a ball of light came into her at age 39. Inside the ball there was a summary of what her life had been like up to that point, along with different possible choices with consequences laid out ahead of her. She could see it a number of different ways: like different movie clips; like a book of carpet samples; or like standing at a fork in the road with five paths ahead of her. The most brightly lit one was the one she should be on, but she could tell it would be painful and hard. At the time, she didn't see why she should or how she could do it, so she numbed herself down. From her own experience, she thinks that this 'ball of light' adult developmental event could trigger a midlife crisis in some people.

Years later, while working with students, it became clear that it would be very useful to teach them how to find out what their life path was supposed to be, so they could follow it. This was for three reasons: first, some of the students were unconsciously sabotaging their healing so that they wouldn't be able to follow their optimum life path; secondly, we needed to spend our limited training resources only with students that *should* be working with us; and third,

if one was completely on one's life path, there was a distinct feeling of gentle euphoria that definitely made it worthwhile just for that. In fact, the euphoria can be used for feedback to keep one on one's optimum life path. (This euphoria is not manic in nature – instead, it makes difficult tasks a joy to do, and gives you a certainty that you are 'on track' with your life.)

Thus, Tal Laks and I looked for and found a developmental event during conception that allowed our students to see and experience their various life paths. It gives a fascinating ability – one can go at will to a flat, fluorescently dark space with a bright, wide path behind oneself. Immediately in front of oneself is an array of paths radiating out from the present moment, like a lady's fan. However, only one of the paths is bright – the rest are dark. The one in front of oneself is the one that is actually being lived. Sadly, in our experience with many students over the years, I can't recall having a single one who started off with the bright path fully opened in front of him. Instead, they were all on dark, sub-optimal life paths. We call this ability simply 'Seeing the Life Path' (or the Life Path ability for short). Incidentally, that technique the shaman taught me was simply a way for a person in average consciousness to use part of this much more profound and complex awareness of the future that comes with this full ability.

Traumas that are relevant to particular choices will cause us to move off the optimum life path. Healing those traumas gives us the feeling that we're doing exactly what we're supposed to be doing; gives us the feeling that life is flowing easily; and gives us a gentle sense of euphoria. However, using this ability is not a one-time fix – as time passes more healing needs to be done to stay on the optimum, bright path. Alexandre Nadeau calls this euphoric experience of being on the optimum life path "Being on Track", because there is a feeling that you are doing exactly the right thing at any moment, and that opportunities to follow the euphoria just seem to come naturally. In spite of the fact that with our current techniques this state is unstable, I've chosen to include it in our list of possible states. It is quite likely that there is a way to stay on the optimal path permanently, without the need to continually heal. However, at this time we haven't yet found it, if it exists at all. I've also chosen to use Nadeau's state name even though euphoria is the dominant characteristic for two reasons – the word euphoria doesn't quite catch the feeling; and secondly, I felt that 'euphoria' as a state name implied a sense of mild inebriation instead of a more functional experience.

The Life Path ability should only be attempted with professional guidance. Severe traumas can be activated when one attempts to move to the optimum path, so one must have previous practice in facing and healing one's own severe trauma before attempting it. Finally, one's optimum life path isn't a way to avoid pain and suffering – instead, it may lead to heartbreak and pain, as one man found out when he realized that his optimum life path involved having a child who would die at a young age.

**CAUTION**

*Attempts to acquire the Life Path ability may trigger severe trauma. In addition, trying to follow one's optimum life path may also trigger severe traumatic experiences. This should only be done with a therapist who is experienced in handling severe traumas.*

For several years we assumed that whatever we were looking at with the Life Path ability must be purely non-physical. However, over and over we've found that there is a physical basis for every apparently spiritual phenomenon, and the Life Path was no exception. In May of 2007, Tal Laks and I finally realized that the state was allowing us to see, in pure consciousness, the inner surface of the primary cell's nuclear membrane. The 'life paths' were actually path-like structures on this membrane. This raised a new question: had we really found a way to know what the best life choice would be, or had we simply misunderstood the experience? As of this writing, we haven't yet come up with a definitive answer to this question. However, the feeling of euphoria when on the 'bright' path is something that many people search for all their lives, yet only find momentarily. If for no other reason, the state is worth having just for that feeling alone.

### Key Points

- We identify the Creator as a plane of self-aware light that is seen in some near-death experiences (NDEs).
- The CoA 'self' is a split-away part of the Creator. This splitting is a *very* severe trauma for everyone we've tested.
- The features of an NDE can be duplicated by regression to developmental events when 'balls of light' enter the organism.
- One's CoA self is built up by 'balls of light' that enter the organism at developmental events where it abruptly grows more complex. The balls of light come into the body from a tube or tunnel that is experienced as being from the Creator (actually, the source is a chakra and the tube is a meridian in the primary cell).
- The Creator Light state is characterized by a bright light inside one's entire body. This state can be used to access pre-natal memories at will.
- One way to access the Creator level of existence is by first healing a ball of light developmental event, then follow the ball back to the Creator.
- Reconnecting with the Creator can cause the serious problem of 'over-identification with the Creator'. Additional steps are required to end it.
- The Being Present state causes the brains to perceive inwardly and outwardly simultaneously, with the sensation that both directions feel the same.
- The CoA should be uniformly distributed through and outside the body.
- People do have a life's purpose that comes from the Creator itself.

- Using the Seeing the Life Path ability one can see possible future choices. This allows one to heal blocks to making optimum life choices, gives a state of mild euphoria, and makes life seem easy and that one is doing the right things and is 'on track'.

## Suggested Reading and Websites

### The Creator level of existence

- Lee Coit, *Being: How to Increase Your Awareness of Oneness*, Hay House Inc., 1997.
- Alex Grey, *Sacred Mirrors*, Inner Traditions, 1990.
- Dr. Stanislav Grof, *The Cosmic Game: Explorations of the Frontiers of Human Consciousness*, State University of New York Press, 1998.
- Hank Wesselman, *Visionseeker: Shared Wisdom from the Place of Refuge*, Hay House, 2001.

### Applying the Creator level of existence to healing

- Vianna Stibal, *Go Up and Seek God*, Rolling Thunder, 1998.
- Vianna Stibal, *Go Up and Work with God*, Rolling Thunder, 2000.

### On the near-death experience (NDE)

- Dr. Raymond Moody, *Life After Life*, 2nd edition, HarperSanFrancisco, 2001. The first book on this phenomenon, and the one that introduces the term 'near-death experience'.
- Dr. Raymond Moody, *Reflections on Life After Life*, Bantam, 1977.
- Dr. Raymond Moody, *The Light Beyond*, Bantam, 1988. Briefly describes the 9 traits of NDE experiences with examples.
- Dr. Kenneth Ring, *Heading Towards Omega: In Search of the Meaning of the Near-Death Experience*, Harper Perennial, 1984.
- Yvonne Kason, *A Farther Shore: How Near-Death and Other Extraordinary Experiences Can Change Ordinary Lives*, HarperCollins Canada, 1994.

### On Buddhism

- Robert Aitken, *Taking the Path of Zen*, North Point Press, 1982. In my opinion, the best text on actually how to do Zen practice, written by my own teacher Aitken Roshi.
- Chogyam Trungpa, *Cutting Through Spiritual Materialism*, Shambhala, 1987.

### On regression and the Creator experience

- Sheila Linn, William Emerson, Dennis Linn, Matthew Linn, *Remembering Our Home: Healing Hurts and Receiving Gifts from Conception to Birth*, Paulist Press, 1999. It contains pictures, language and processes suitable for children, although with a strong Christian orientation.

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### The Biological Basis for the Creator, Oversouls, Past Lives, and Communication with the Dead

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This volume was already over a year behind schedule, but in spite of all the pressure my colleagues were putting on me to publish, I kept delaying. I wanted this book to cover all the fundamentals, even if they weren't fleshed out completely – and I had a strong feeling that I was missing something very important. For example, I was very suspicious that there were entire classes of states (such as Creator connection or simple ones like the sensation of continuous joy) that I wouldn't be able to give to people reliably using my existing 'developmental events' and 'primary cell' models. Moreover, my advanced students, myself, and other authorities I knew and trusted such as Dr. Raymond Moody and Dr. Arthur Hastings (who are doing groundbreaking work with communicating with the dead via an ancient Greek psychomanteum technique), were experiencing or investigating past lives, encounters with dead people, and other phenomena that just didn't seem to fit into the existing developmental events model. On top of all this, there were still four major practical problems I had to solve that my existing model didn't address. First, exactly how did energy therapies like EFT work? Secondly, what exactly was the Center of Awareness, and did it have a biological basis? Third, where did a number of really bizarre developmental events we were encountering in very early stages fit in our existing timeline? And fourth, and this was the most pressing problem, how could I eliminate the tendency for evil in myself, my colleagues, and my students?

It was solving this fourth question that led to the breakthrough that explained all of the rest of the data. That was a wonderful epiphany for me when all of the data suddenly fell in place. In this textbook, I've reversed the chronology of the discovery – in this chapter, I cover the underlying theory, and in the next chapter I cover the particular problem that led to the breakthrough. If you want to enjoy trying to solve this mystery for yourself, feel free to skip to the next chapter and then come back here afterwards.

To my knowledge, there is nothing else available that parallels this breakthrough. It is truly a revolutionary biological insight into the nature of God and man.

### **Chapter Overview**

Each of the past two chapters has presented a different perception of the Creator and related phenomena. The first viewpoint introduced an OBE technique that saw the Creator via an astrophysics-like experience, with our physical universe surrounded by layers like concentric spheres, with the Void surrounding all of creation. The Monroe Institute uses this approach, as do traditional shamans when they go into the ‘upper world’ (as described by Michael Harner). The second viewpoint used observations from simple regression to well-known developmental events. At these events it is possible to access phenomena that involve the Creator, the CoA, and various peak states. This material was important to cover because it addresses the observations of many people working in the field of prenatal psychology who are using simple regression or breathwork techniques.

In this chapter, we look at yet a third perspective. It is the one popularized by psychics and transpersonal psychologists investigating communication with the dead. This view includes perceptions of the Creator, the oversoul (or ‘superconscious’ as it is sometimes called), and past lives. The unusual properties of the oversoul are covered in depth in this chapter. The oversoul is an example of a ‘composite awareness’. This composite awareness phenomenon is also found in the sperm awareness, and has similar properties. The very unusual God/Goddess state is also covered in this chapter because it appears to be an alternative way to experience the oversoul phenomenon.

We tie all three experiential viewpoints of the Creator together by looking at relevant biology in the primary cell, along with one of the most unexpected discoveries that we’ve made yet – there is a developmental sequence involving the CoA that is earlier than that of the precellular organelles. It is the basis of experiences of the Creator, oversouls, communication with the dead, and many peak states. Understanding the biological basis for these phenomena allows us to generate simple, quick and efficient techniques for accessing and acquiring relevant states and experiences, such as the incorporation of all ‘past lives’ into our daily consciousness. We call this idea that transpersonal realms and experiences have a developmental, intracellular basis the ‘transpersonal biology’ model.

With this discovery, we can describe and explain several other peak states that involve this developmental sequence. For example, the location of the CoA in our adult bodies is determined by traumas during these events. Healing them leads to the ‘Expanded Center of Awareness’ state. The ‘Being Present’ state, which also arises from this developmental sequence, causes one to remain in-body, makes healing far easier, and gives one a feeling of being truly present in the world.

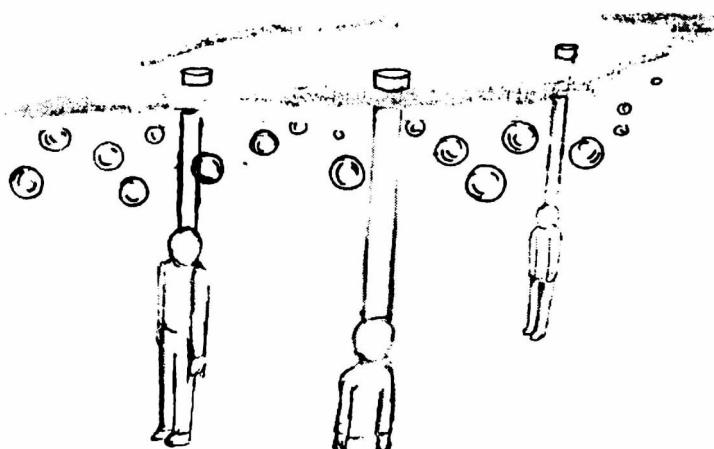
*States, abilities and experiences in this chapter:*

- Past Life Access state
- God/Goddess state
- Expanded Center of Awareness state
- Being Present state
- Wide-Angle Vision ability

**A ‘Psychic’ View of the Creator, Oversouls, Past Lives, and of the Dead**

In the Creator Light state of consciousness, it is possible to ‘see’ patterns of light and dark that are representations of physical structures that hold consciousness itself – the same kind of consciousness that one encounters in the Creator. Essentially, one can see reality from the viewpoint of the CoA itself. What one sees is often heavily distorted by trauma, as a person attempts to block his awareness from triggers that recall old pain. In the descriptions that follow, we believe that we’ve eliminated our ‘trauma overlays’ so that we’re seeing this material accurately, but it is possible that there will be some revisions by the next edition.

From this perspective, one can ‘go upwards’ and see what appears to be the earth surrounded by a thin layer of white light, with all of it suspended in darkness. There are white hollow filaments extending from the layer to individual people on the planet. To give an idea of the scale, if the earth were the size of a basketball, the layer would be about six inches from the surface of the planet.



*Figure 14.1: A visual representation of the Creator as a plane of light, with the spirits of the dead accessed via the spheres just below the plane. The Creator connects to all people via tube structures.*

Just below the layer, on the side facing the earth, are a very large number of small spheres of light. When one examines the spheres closely, they are balls of light with varying degrees of brightness. Superimposed on each spherical ball is an image of a human being – one can switch between seeing them as balls, or seeing them as people. It is possible to ‘talk’ to these balls as if talking to a person. From a psychic’s perspective, these ‘people’ are the spirits of the departed. However, the situation is much more complex, as will be explained in a following sections.

This perception of seeing the spirits of the dead is not just the domain of psychics with unique peak states – many people who have a near-death experience report that they also go up to the light, and arrive at some ‘place’ where they find dead friends and relatives.

Looking closely at the thin layer of light, one can see that it is actually composed of patches, as if the world were completely surrounded by thousands of tiny grids (like lace-like, white doilies) laid side by side. Each of the grids is composed of tiny bright filaments that have brighter nodes inside them. Although the grids don’t touch each other, they connect with a few filaments. When one moves one’s CoA into one of these bright nodes in a grid, one is immediately catapulted into someone’s lifetime – but not just at a single moment in time. Instead, it is as if the person’s entire lifetime is happening simultaneously in the node. Thus, each of the nodes in a given grid is a lifetime – and each of the grids is what psychics would call an oversoul.

Estimating roughly, there are about 8,000 of these oversouls. This is a fascinating observation, because if we assume that each person has an oversoul, this implies that there are approximately one million people living today per oversoul.

#### Example:

Serge King’s descriptions of Hawaiian Huna shamanism give a three-part structure to human awareness. These selves appear to correspond to the fundamental awarenesses we’re finding in our regression work. The ‘*unihipili*’ or low self, which they feel acts like a child, corresponds to the subconscious. It is centered in the solar plexus, and in our terms would be the fused triune brain awarenesses. The ‘*uhane*’ or middle self corresponds to the conscious, or CoA in our terms. The ‘*aumakua*’ or high self, which is supposed to live outside the physical body, would probably be what we call the ‘oversoul’.

• Leaving the oversouls and continuing further outwards, away from the earth, one can see a rain of drops of light coming from what appears to be a solid plane of light in the distance. This solid white luminous surface completely surrounds the oversouls. Psychics commonly call this outermost layer the Creator.

**Example:**

“The *kahuna* mystics traditionally believed that humanity originated from out of another dimension, traveling across the Universe to this planet as individual seeds of light.”

- From Laura Yardley’s *The Heart of Huna*, from a chapter on the teachings of David Kaonohiokala Ray (1889-1968), one of the last of the publicly practicing, initiated *kahunas*. (Quoted in Hank Wesselman’s *Visionseeker*, pg 148.)

**Separation from the Creator**

When we try to relive our own creation and separation from the Creator using techniques that rely on pure awareness, we find ourselves starting from inside the outermost layer of white light. From there, one experiences oneself separated from the Creator into the shape of a ball, but made out of the same kind of consciousness. This ball of light that is oneself leaves the Creator and descends, along with many other balls, towards and into the oversouls. It is quite a beautiful spectacle, with what looks like luminous drops of rain coming down through the darkness. The ball of light, that is oneself, merges and spreads into the oversoul. From there, another ball of light enters into the human being that is oneself.

Over the years, we’ve had a number of people observe snapshots or pieces of the overall structure just described, usually overlaid with trauma-induced distortions. When my colleague Tal Laks was exploring this domain, she noted that it would be very easy to confuse separation from the Creator (the outermost layer) with separation from the oversoul layer, because the two experiences feel very similar. They also feel similar for another reason: the Creator is at the same time both a single awareness and is divided into regions of awareness, as the painting by Alex Grey in figure 13.1 illustrates using the symbolism of eyes. Similarly, the oversouls feel similar to each other (being derivatively composed of the same sort of consciousness as the Creator itself) yet are also separated into different parts. This makes it even easier to confuse the two experiences.

**The Biological Basis for Creator and Oversoul Experiences**

Now comes the real surprise that stunned us all. In the previous paragraphs, the observations of the Creator and of the oversouls were made using the viewpoint of the CoA self – one’s own personal awareness looking at the larger awareness from which it came. From this perspective, one sees objects as if they were three-dimensional X-ray photos, with the light areas showing consciousness and dark areas showing a lack of consciousness. These perceptions cause one to make the natural assumption that what one sees is intrinsically non-physical. However, this turns out to be incorrect. As I’ve described in previous chapters, many biological structures in the primary cell act as gateways to non-physical experiences. One has two ways of seeing them: either as subcellular biological units, or as patterns of consciousness. Thus, by finally recognizing that this duality of perception existed, we were able to see the

biological basis for these realms in the primary cell – just as the transpersonal biology model predicts.

Further, it turns out that peak states involving these realms are blocked by early developmental traumas that occur during the formation of the observing self in the grandmother's primary cell. This has profound implications for peak states work – it means that *ordinary trauma techniques can be used to acquire Creator and oversoul states by healing relevant physical damage in the observing self's developmental sequence.*

### *The Creator and Oversoul in Regression*

One way to understand the biological structures relevant to the Creator and the oversoul is by using regression. Interestingly, a person encounters what one perceives as the oversoul or the Creator at many different times in the development of the observing self, as we'll see shortly.

We start with the earliest moments of the creation of a person's consciousness, inside the grandmother's nuclear core. One structure in it contains the biological basis of the Creator; another structure contains the biological basis of the oversoul. Most people find these experiences difficult to regress to. If accessed at all, these events are typically seen as spiritual experiences, because the biological beginnings of a person's consciousness act as gateway structures themselves.

The Creator structure is a hollow ball made with what looks like crystal tiles (Figure 13.1 symbolizes these tiles as eyes). One's consciousness starts when a pointed crystal piece separates from its matrix on the ball. This piece enters a large golden ring in the grandmother's core (the 'circle of life'), where it is modified by what feels like electricity, and then sent on to the grandmother's heart chakra.

The oversoul structure also looks like a hollow ball, but it isn't crystalline – instead, it looks organic, and has a network of filaments on its interior surface. The network has many grids; each acts as an oversoul gateway structure. The grid filaments have nodes that are gateways to individual lifetimes in that oversoul. Surprisingly, even though the OBE and psychic techniques show intact webbings of light, almost all of the grid structures have severe damage – and facing this damage is not easy. Consciousness starts very differently in this structure than in the Creator's: a gateway node to one's own lifetime emits a liquid. It flows into the center of the golden ring (the circle of life) in the grandmother's nuclear core, and turns into what looks like a seed.

Thus, at this point in development, we have two distinctly different and separate consciousnesses. The observing, personal self doesn't yet exist: instead, we are still simply aware pieces of these larger realms, perceiving these realms in the ball-like structures around us.

However, a number of later developmental events are also interpreted as encounters with the Creator or the oversoul. The next to occur is when one regresses to the grandmother's heart chakra, in the developmental event when the seed and the crystal combine. From the seed's perspective, the crystal has

developed into a bright Creator ball; the seed experiences itself as going to the Creator itself as they approach and fuse together. Again, for most people this event is difficult to access without help, and is rarely encountered by accident or random exploration.

More commonly, people regress to slightly later events, also inside the grandmother's heart chakra. They generally interpret them as being inside the Creator. When viewed from the physical, they find themselves in what appears to be a sort of jellyfish. It has a translucent body, with many tendrils coming from its top, and its body contains the crystalline material of pure CoA awareness. Inside the jellyfish, the person's observing self merges with chakra crystals from the grandmother. Then a bubble (like a soap bubble) forms around the material of CoA consciousness. This bubble has a central structure that resembles an unopened flower, and an external sac (reminiscent of the placenta) that is attached via a number of tubes. Once it is fully developed, the bubble is released into what feels like the sea via a tube on the upper surface of the 'jellyfish'. Physical damage during this passage sets dysfunctional patterns for the later, similar-feeling experiences of ovulation and birth. In particular, traumas in the CoA developmental sequence are later stored in the primary cell in bits of crystalline material in the chakras rather than via ribosomes as is the case with normal traumas.

### **WARNING**

*Explorations in the Creator chakra or the oversoul can result in sudden onset of severe trauma-related or adjustment problems that can be very difficult to heal without trained help. We've seen symptoms of severe fear, intense pains, overwhelming paranoia, psychosis, and identity disorientation in our volunteers. At a minimum, this material requires supervision and competence in the Whole-Hearted Healing trauma technique, and an indeterminate amount of time to process, adjust, and recover.*

For quite a while we had no idea where in development this sequence took place, if in fact it was even in human bodies at all. However, with more work we discovered that the 'jellyfish' structure was actually the heart chakra in the grandmother's primary cell. The release into the 'sea' was actually the passage of the CoA bubble into a tube that passed from the grandmother's head to her womb. (However, biologists know of no such tube – hence, either they've missed it, which is unlikely; or we don't have all the steps identified yet.) In any event, the bubble was transported into the parent's embryo just after it implanted into the grandmother's uterus.

At this point, another set of regression events are experienced as encounters with the oversoul. The bubble eventually reaches what resembles a membrane with a large mat of root-like tubes attached to it. This occurs as the bubble reaches the parental embryo at the grandmother's womb wall. The CoA bubble is incorporated into this structure and then released. Internal changes then happen to the bubble – a grid forms inside it – initiating access to the oversoul

and past (and future) lives. This area of the parent's embryo has even more surprising properties than those found in the primary cell. During the grid stage, in the parent's embryo one finds the many patches of oversoul structures, and 'underneath' them a large number of 'balls' of awareness. Similarly, the oversoul grid network becomes internalized into the developing CoA bubble at this stage.

Humanity owes its self-awareness to a completely unsuspected Creator crystal, oversoul liquid, and chakra-based developmental sequence that co-exists with the cell-based biological sequence. If we assume that the sequence of these developmental events recapitulates our many billion year's of evolution as biological units, then whatever these materials are, they predated the appearance of RNA, DNA and p-organelle membranes.

### *The Creator and Oversoul in the Primary Cell*

However, regression isn't the whole story. Just as surprisingly, even though we found that the origins of Creator, oversoul and past life experiences and states result from structures that existed in the very earliest developmental events, it turns out that there are corresponding structures that exist inside the primary cell *in the present*. In a previous chapter, I had described how, using the OBE state, people can 'go' up to see the oversouls and the Creator. These perceptions mislead people into assuming that these phenomena are non-physical, or somehow in the atmosphere itself. However, assuming these people aren't unconsciously regressing, the corresponding physical structures are in their primary cells. Thus, each of us also has a nuclear core, with a Creator crystalline matrix and an oversoul network.

There is more than one way to connect to one's oversoul and past lives than using the nuclear core. Apparently, the cell reproduces its original environment in a number of different ways, echoing outwardly from the nuclear core. Unfortunately, conscious access to all of these structures is usually blocked by the influence of the early CoA developmental event trauma.

As we've seen, the oversoul was described as a network of hollow filaments that were lit by the light of pure awareness, particularly at nodes where one can access past lives. As mentioned in Chapter 4, the chakras on the nuclear membrane connect to meridians (microtubule structures in the primary cell) that carry CoA crystalline material. These microtubules connect to the cell membrane, with each tube splitting into a network of hollow filaments that covers the interior of the cell membrane. The cell membrane's tube network gives access to an individual's oversoul, and the tube junctions give access to past (and future) lives. However, the situation is more complex than just this present-time primary cell model would suggest. To the body, anything that feels like this network of tubes filled with awareness can be used to trigger access to the oversoul's past lives. For example, Wes Gietz accessed all his past lives when he healed trauma involving the life-giving filaments that supported his egg in the ovary. It is easy for a person to become confused and identify these cellular structures as their own oversoul, but techniques that don't heal the real

primary cell or parent's genesis cell structures only temporarily relieve the underlying trauma, and the blockages soon return. Another reason for this multiplicity of accesses to the oversoul exists: the CoA has the property of allowing awareness to extend through time. Hence, any network of similar tubes allows access to the oversoul, such as during the stage as the CoA enters the parental embryo.

The testable implications of the transpersonal biology model that involve the Creator, oversoul, and CoA developmental sequence work, and work very well. Techniques derived from this actually succeed as predicted to restore or acquire peak states and abilities, giving us confidence that the model has validity.

### **Definition: The bubble**

When viewed during regression, a bubble-like container of crystalline CoA consciousness is originally formed inside what looks like a jellyfish (the grandmother's heart chakra). The bubble has a clear, flexible and spherical membrane that goes through many transformations in development. It is transported from the grandmother's primary cell to the newly implanted parental embryo, and then splits to enter the seven new precellular organelles.

### **Past Lives – Meeting One, or Fusing With All**

From an experiential perspective, one's own oversoul feels like part of oneself. Each of the nodes in the structure is a gateway to one's own past (and future) lives. From the perspective of the oversoul, every lifetime and all events in every lifetime are happening simultaneously. Sequential time does not appear to exist at this level.

In regression work we occasionally access past-life trauma, either by accident or on purpose. (I assume here that you accept that past lives exist and are possible to experience. If not, I refer you to the books on this subject at the end of this chapter.) When these lives are experienced for the first time, it is always surprising how one can recognize oneself even though the past-life body, gender, age and culture are completely different from one's own 'real' self's. Even more surprisingly, we often recognize many of the people in that past-life experience as also being ones we know in the present. This occurs because one is recognizing one's fundamental being as an oversoul, independent of any particular lifetime. This experience is so familiar that we don't even realize it exists until we're exposed to it via a past life experience. The fact that we can recognize other people in past life regressions implies that they have different oversouls; yet ones that are familiar to us from our everyday life. Even though our CoA self is made from an impersonal Creator consciousness, it is also made from an oversoul, giving us the personal identity we see in past life regression

When we think about past lives, there are certain assumptions we make based on everyday experience. One of them is that the past is fixed, and recalling a past life is like watching a video. Another unconscious assumption is that our lives are lived in a sequence from the past to the future. However, neither is true,

and this can lead to the most bizarre of situations – different lives can become aware of each other, and, given the right peak states, can communicate with each other. Thus, even though the past life is ourself at the oversoul level, he or she is still a person in his own right – and as far as they are concerned, they are in the present, and we are in the future (or past). For someone who has experienced this, it gives graphic demonstration that the past is not static, and the future is not undetermined. Dr. Hank Wesselman gives an excellent personal example of this in his book *Spiritwalker*.

### *The Past Life Access State*

Past-life regressions put us into the past at discrete, traumatic moments of time, just as if we were reliving a moment in our own current lifetime. In fact, in the primary cell these past life traumas are structurally very similar to ordinary traumas. Each has a biological gateway structure that usually attaches to an mRNA string – although the past life gateways attach to the side, like a branch on a tree.

Accessing a lifetime in the oversoul is quite different. When one merges with this structure totally, one finds that one is living in all lifetimes, including one's own, simultaneously. After the first shock of this fades, one soon finds that the other lifetimes can be experienced as if they were past moments from one's own life, a bit like recalling that younger self who was attending high school years ago. When the trauma blocking this state is healed, the state is permanent – you always have access to all your lives, just as you always have access to all of your own past. In the extreme, one is also aware of all of one's current life, both past and future, simultaneously – the experience of a 'present' is somehow no longer valid, even though one acts as if it still existed.

### **The God/Goddess State**

Many cultures have the myths of gods and goddesses, as our own Greek and Roman cultural roots illustrate. Some spiritual traditions, such as Hinduism and Tibetan Buddhism, go a step further and try to bring people into actual experiences of a god or goddess inside their own bodies. For example, tantric sexual practices attempt to access this state during lovemaking. It is very likely that these gods and goddesses are a different way of experiencing the oversoul. When we experience them fully, we realize how difficult it is for our average human awarenesses to encompass them.

A person in the God/Goddess state can perceive himself (or others) as a vaguely anthropomorphic figure composed of ribbons and bubbles. The presence of these ribbons and bubbles suggests that what we're actually seeing is just a different perspective of the oversoul, with its tubes, nodes, and external bubbles. Our preliminary work with communicating with the dead using the God/Goddess state (described later in this chapter) also strongly suggests that it is an oversoul state.

**Example:**

While playing Hindu chant music by Krishna Das, I was moved to connect more deeply with my partner. Gently and lovingly, I told her what her heart was feeling as each emotion would arise. After a few minutes, this apparently made her feel safe enough that she started experiencing herself as a goddess. This isn't what you may imagine – the goddess (or god) is entirely non-human, with fixed intentions and motivations that contain no human aspects. However, the experience is deeply satisfying at the same time. My partner felt this was one of the important goals of personal development she'd been long searching for. Interestingly, I could 'see' the goddess inside her – it looked a bit like a female figure, but moving my attention more closely to the goddess body, I saw it was composed of strands with bubbles in them. Although I could see it clearly, I couldn't really conceptualize what I was seeing.

I was simultaneously having the god experience while she did this. In hindsight, I realized that she was able to access the state spontaneously because I was already comfortable with it, and was supporting her in feeling it.

Unlike the previous states, the experience of becoming a god (or goddess if you are a woman) is a radical change, and we stop being ourselves, and become the being. The problem here is that this being isn't you, and has its own non-human agenda. From my experiences in this state, it's a bit hard to imagine that it is something I'd want to have continuously! However, it might be possible to adjust to this with time. We could probably make this state permanent by healing traumas that occur when we run the process, but again I'm not sure this is a good idea.

**WARNING**

*The god/goddess experience process can access very disturbing gods or goddesses such as Kali the destroyer. It can also induce strong feelings of fanaticism in some people.*

Some years ago, I found the root of this experience and how to simply and quickly access it as a byproduct of my investigations into the triune brains. As I've mentioned in a previous chapter, one of the key characteristic of Gaia is its feeling of creativity. By focusing on the key biological drives of each of the nine biological triune brains, (perineum, body, placenta, solar plexus, heart, spine, third eye, mind, and crown), and how that feeling of creativity is manifested through them, one moves into a direct experience of gods and goddesses. The movie '*Holy Smoke*' does an excellent job of showing this experience and illustrating its connection to traumas.

What happens if one skips some of the brains when doing the process? Empirically, one often gets the God/Goddess state anyway. As an experiment, one of my colleagues excluded the navel (placenta) and spine (sperm tail) brains

and yet still moved into the state. He found adding these latter two aspects made the experience much easier to do, and added a feeling of smoothness or ‘well-oiledness’ to it. Some people find that excluding any of the brains causes the process to fail, although they still generally feel bigger, brighter and better in general.

However, we also discovered a very disturbing set of potential problems with the process. If it was done with the triune brains in their average state, i.e.. with the mind, heart and body separated, our colleague found himself feeling like a zealot, but without the god experience. Oddly, when he repeated the process with all of his brains split apart, he accessed Kali the Destroyer! This was a shock; he pulled out of it immediately, and he has no desire to ever go back there again.

Another simple method for acquiring the God/Goddess state was developed by Dr. Waisel. He used an extension of the Tribal Block Technique to get the state. However, we currently consider his technique to be potentially dangerous. We hypothesize that there may be damaging interactions with the tribal block mechanism. Thus, specifics have been omitted from this book and we currently teach our students how to avoid using it.

As with most other states, the God/Goddess state can be had independently from any of the rest.

### **The Sperm Composite Awareness**

The oversoul represents an example of a ‘composite awareness’ (or ‘collective consciousness’) with many lives all connected and guided by something that exists outside of themselves (unfortunately, most people are blocked from this level of connection to their oversoul). However, there is another, easily more understandable and easily identified example of the phenomenon of composite consciousness that can be seen and experienced far more easily – in the sperm.

Even though the individual sperm cells have different injuries, experiences and viewpoints, they share and are guided by a composite awareness that is not located in any particular sperm (so far as we have been able to determine). This composite awareness experiences each of the sperm simultaneously. When it is accessed during regression, this consciousness has quite a different ‘flavor’ from that of any individual sperm cell. As the composite sperm, you are aware that you are not contained in any one sperm cell, while at the same time you are simultaneously in all the sperm cells at once, experiencing from all of their viewpoints. This can give some people a feeling of disorientation when they first encounter it.

Composite awarenesses have a unique property – individual units of consciousness both reside in single cells (or other structures), yet also form a single awareness that is not in any of the units that compose it. And generally it has different characteristics from those of the individual units that combine to form it. The composite awareness isn’t a unit that reached the top of the hierarchy tree, like a CEO in a corporation – instead, it is fundamentally

different, like a queen who directs worker ants.

The characteristics of the composite awareness can be understood with another analogy. Imagine that sperm are all members of a big football team. The quarterback is the sperm that becomes the person. (We refer to this key sperm cell as the royal sperm, as this sense of royalty discriminates the sperm that is to enter the egg from all of the other sperm.) The composite sperm identity is not located in any of the individual sperm. The individual units that make it up – the players – are out in the field, getting bruised and battered. Yet the coach, who coordinates much of the action, doesn't dress or act like a player, nor does he exist on the field of play – he watches from the sidelines. This analogy fits for a sperm that has trauma separating it from its 'coach' – but when it doesn't, there is no coach, nor a player; it is simply one collective organism with physically separated parts.

Actually, the comparison to team sports is more than an analogy – as a boy develops, he is often drawn to active team sports to recreate the feeling of having a composite sperm awareness. A sports team that plays exceptionally well together is probably recreating a temporary composite sperm awareness among its team members – the whole team is "in the zone". On a grim note, the fascination with war that sweeps large numbers of people throughout history is also likely a recreation of the sperm composite awareness (although we believe that the tribal block effect is the dominant cause). Men mimic sperm behavior, and unfortunately, as Dr. Robin Baker points out in his book *Sperm Wars*, sperm are a team designed to work together to 'fight' other men's sperm in the woman's body.

In regression, men generally have a far easier time accessing their composite sperm awareness than women do, partially because the male usually has an unconscious identification with the sperm, while the woman has it with the egg. Unlike the sperm, the egg does not have a composite awareness with other eggs, even though it is aware of the other eggs in the ovary. Thus, the sperm composite awareness usually feels very foreign and unfamiliar to most women, so they often overlook it during regression. However, in both men and women we often find that damage and trauma has interfered with their connection to the composite sperm awareness.

Odd physical symptoms are sometimes due to injuries involving large numbers of the component sperm cells, even in cases where the sperm cell that fertilizes the egg was not injured itself. During regression, many clients automatically find themselves connected to the sperm composite awareness, and tend to heal all the sperm cells simultaneously. Others, due to early developmental traumas in the precellular brains, find their sperm self cut off from the composite sperm awareness. Even though not consciously connected, and unable to heal the other sperm, they can still acquire physical injury symptoms via the composite awareness. These clients have to address three problems to fully heal: any injury to the sperm cell that later forms them; their lack of connection to the composite sperm awareness; and injuries to the other sperm cells.

**Example:**

A woman client was having chronic chest pain. She was unable to heal it using simple meridian or regression techniques. In this particular case, something about the composite sperm awareness was interfering with the healing. It turned out that large numbers of her sperm had been injured due to excessive temperature in her father's testicles. The client was blocking her awareness of the composite awareness, and was unable to get rid of her symptom until she restored her linkage to it and healed the entire sperm group.

Male precellular body organelles form a connection to their oversoul early in their development. A short time later, they form a similar connection that later gives rise to the composite sperm consciousness. Unfortunately, the formation of the sperm composite awareness is often disrupted. This is usually caused by earlier oversoul formation trauma, since they have a similar sensation to the precellular body brains. Like the composite sperm awareness, the oversoul can also be isolated from its individual lives through traumas at early developmental events. Yet it still exists in spite of this separation. We've found in several clients that when the oversoul connection event is healed, the later formation of the composite sperm awareness now proceeds correctly without the need to heal it specifically.

There are several other unusual features to sperm. Regressing to the sperm cell that enters the egg, one 'sees' a vertical column of chakras that appear to extend to infinity. These chakras appear to be related to all of the other sperm cells in the composite sperm consciousness. Additionally, when seen from the viewpoint of the egg, the sperm cell that ends up fertilizing the egg looks like it is brightly lit in contrast with the other sperm cells. After the sperm enters the egg, many people report that the other sperm cells still outside end up giving or sending something into the egg that is also necessary for conception.

**Definition: Composite awareness**

A composite awareness is built out of separate individual (physically-based) awarenesses, although the composite awareness does not depend on any particular unit that composes it. Several different kinds of composite awarenesses exist: Gaia, the oversoul, sperm composite consciousness, the mitochondria organelle consciousness, etc. Some have a physical container for the composite awareness (i.e., the triune brains are extensions of the organelles in individual cells), and some do not (i.e., the composite sperm awareness). Some of the individual awarenesses may be totally identified with the composite awareness, while other individual components are more autonomous. Various peak states involve union of the different composite awarenesses with the individual. Often physical and emotional symptoms are due to inadequate connection of the relevant composite awareness.

### **Visiting the Dead**

In a previous section, I described the area in the parent's embryo that contains many oversoul networks. Underneath these oversoul networks is an area that contains many 'balls of light'. (One can also choose to see these balls as floating images of people.) The logical implication is that these are the CoA selves of all of that parent's possible children, only a few of which will have a life. However, this isn't correct. Instead, and very surprisingly, it appears from our limited testing that these networks and balls of light give access to everyone who has or will ever live.

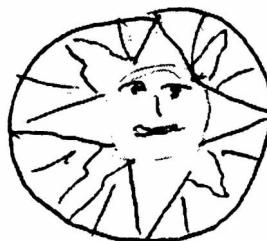
A close look at these balls reveals that they are not all the same. Some are brightly lit, while some are in various stages of fading. These latter balls look like empty spheres – people who encounter them describe them as "absent of life". These balls of light are actually physical CoA bubble structures in the developmental stage we call 'floating bubbles'. These bubbles let us communicate with the consciousnesses of others. At this point, we can't yet tell if these bubbles allow access to dead people, or just to living people – presently, it looks like they include both groups.

The balls of light that were fading turned out to lead to images of primary cells as life was leaving them – sometimes quite a lengthy period of time after the person had died. These 'dead' balls can also be used as gateways to that person in their oversoul awareness. By entering the 'dead' primary cell sphere, one finds oneself accessing the person's oversoul node. This method of access has a great advantage over simply moving into a person's oversoul node directly. When one moves into the node directly, one is flooded with the person's entire lifetime all at once. By using the 'ball', one simply moves into a particular moment in their life.

#### **Example:**

While I was teaching a student, I suddenly became overwhelmed with grief for no apparent reason. A few hours later I found out that my sister had suddenly died in a car accident at that moment. After finding out what had happened, I had the student use the primary cell state to see if we could communicate with my deceased sister. It worked. Oddly, she 'looked' to the student like a disc with a sense of her face in the middle. This disc was very similar to the chakra disc that forms when all the chakras combine in the solar plexus region.

Among other questions, I asked her how she felt about dying and leaving her beloved husband. Her reply was simple: "If I had lived a hundred lifetimes, it wouldn't have been time enough." Over the next few days, my sister reported that her connection to events in her life was fading. Simultaneously, in my perception, the disc got larger and more diffuse, until I could no longer sense it or her.



*Figure 14.2: A rough sketch of my deceased sister, as seen as disc from the primary cell state.*

**Example:**

About a year after my sister died, my friend and colleague Dr. Adam Waisel also died unexpectedly. I knew that if there was any chance to have a serious connection to a dead person, he would be the one. He was highly motivated and knew this work as well as I did. In his case, I tried using the god/goddess state to communicate with, by inducing it into my colleagues. They all reported suddenly clear communication with Adam, including the tone, timbre and accent in his voice – even in one case where the researcher had never heard what Adam sounded like until he heard a tape recording afterwards. However, we couldn't come up with a definitive test to be sure we were really communicating with Adam, other than some of his surprising suggestions for our research actually worked.

Wanting to explore this phenomenon, I merged my consciousness with his 'personality'. It catapulted me into an experience of a primary cell that was severely damaged – the symptom it gave me (and a colleague who was also merged with me, helping me to study this by giving me another viewpoint) was of intense chest pain. As it happens, Adam had died of a heart attack. Upon exploration, it appeared that I was in fact inside his dead primary cell, although by this time he'd been dead quite a while. Adam, if this is what or who he is, reported that it was difficult to maintain his distinct self-consciousness after a while, and that he had a strong force pulling him to his oversoul. Obviously, this is a very fascinating area to study.

We've only just begun to explore this facet of our work. Clearly, to turn this mystery into something researchers can explore with a little work has tremendous implications: we can now solve fundamental questions about life and death. I am particularly interested in how this phenomenon relates to the groundbreaking work of Dr. Raymond Moody using his Greek psychomanteum approach to communicate with the dead. Of particular interest to me is the use of the God/Goddess state for this communication.

### **The Biological Basis for 'Balls of Light' at Major Developmental Events**

In the previous chapter, we described how at major developmental events people during regression experience a 'ball of light' entering their prenatal, sperm, egg, or precellular organelle structures. However, this actually has a

biological basis. When one looks inside the primary cell, what one sees is quite surprising. The chakra releases what looks like a clear crystalline material into the meridian tube. As this material goes through the tube, the regressed person has the experience of a ball of light coming closer to his (or her) body. When the crystalline material reaches the end of the tube, it spreads into the network of tubes on the cell wall. This corresponds to the experience of a ‘burst of light’ during the regression. Interestingly, once a person knows to watch these events in the past primary cell, one sees that different events trigger different chakras to emit the crystalline material. Again, the key principle here is that the primary cell’s internal experiences are superimposed on the person’s external environment, like a video effect – thus, one believes one is seeing some sort of energy in the outside world.

Whatever this clear crystalline material is, it can be seen either as a physical substance or as pure, brightly-lit white self-awareness itself. *This material is the basis for pure awareness.* It clearly has even more very strange properties: in particular, its ability to split itself without degradation, like a hologram; the way it apparently accesses all of time simultaneously; and the way it can ‘become’ things in the environment, as if they were itself.

In Chapter 13, I spoke about using regression to go to the Creator by using developmental events at key ‘ball of light’ moments. What one is actually doing is backtracking the crystalline awareness material back through the meridian, back into the chakra where it came from. Although this appears to lead to the oversoul or to the Creator itself, this isn’t the case – instead, the interior of the chakra simply feels similar to the original chakra where the person’s CoA was first formed – in the grandmothers. The chakras thus act as a reservoir or source for pure awareness and as a gateway structure. The next section explains this in depth.

### The ‘Expanded Center of Awareness’ State

The ‘Expanded Center of Awareness’ state requires some explanation. Typically the center of awareness is concentrated into one or more areas in the adult body. Although most people can temporarily move the CoA when doing healing, shamanic or psychic activities, it soon returns to the original pattern. As one might suspect, these are patterns of dysfunction: the CoA should be spread evenly throughout the body and extend into the space around the body. The developmental events model, the way the body consciousness associates sensations together, and the early CoA developmental events can be applied to explain why the CoA becomes limited in size. It turns out that traumas that occur as the CoA is incorporated into various early structures gets carried over into the pattern that the CoA maintains in an adult, setting the normal location and extent of our CoA. Healing that early trauma has the expected effect of expanding the CoA self through the body and, amazingly, into the area around the body.

Later traumas that contribute to a CoA pattern probably exist. However, healing the initial ones dissolves any later ones. Healing these traumas can also cause the CoA to extend out into the environment. This leads to the fascinating

state where fairly distant objects, say outside one's house and across the street, now feel like part of one's self and body. My colleagues who have acquired this state describe it in a way that sounds remarkably like the key Zen Buddhist state of non-duality – no subject or object.

The 'Expanded Center of Awareness' state is not the 'World Inside Body' state, although they have somewhat similar written descriptions. In the expanded CoA state, nearby objects feel like they *are* oneself, while in the 'World Inside Body' state, they feel like they are *inside* oneself.

### **The 'Being Present' State**

The 'Being Present' state was named to describe a state where one feels totally present in the physical world. Again, it can be hard to explain to someone who has never felt this, but in the state one has a sense of aliveness and awareness that makes average consciousness feel like only watching life on TV. This state increases a client's ability to heal trauma – he finds that it is now normal to stay in-body (or easy to go in-body if he has a partial state) during past traumas, making them far easier to heal using regression techniques. Most people report that this state also causes a person who is experiencing a trauma to feel little or no physical pain while doing so. Thus, this is a very useful and important state for our therapist students.

The state is due to a fundamental change in awareness. Typically, people turn their awareness to the outside world to perceive events or the environment, then turn their awareness inward to find out how they feel about it. In the Being Present state, the individual triune brains no longer alternate their attention outwardly then inwardly – instead, they find that they perceive both directions simultaneously.

A partial state tends to make the clients' peripheral vision increase. However, when people enter the full state, they find that they can actually see behind their own head – something that is clearly not biologically possible. During workshops it is quite interesting to watch as a student keeps his face forward, yet is able to keep seeing his own hand as he moves it from the front to the back of his own head.

#### **Example:**

Dr. Raymond Moody gave an example of increased peripheral vision being triggered by life threatening stress: "A World War II veteran claimed that he experienced 360-degree vision while running away from a German machine gun nest. Not only could he see ahead as he ran, but he could see the gunners trying to draw a bead on him from behind." (*The Light Beyond*, page 129.)

Increasing peripheral vision is also a very important initial step in Tom Brown, Jr.'s shamanic training – he calls it 'wide-angle vision'. The student is directed to walk through the woods while staying aware of his peripheral vision. Zen Buddhist walking meditation (*kinhin*) also has the meditator unfocus his

eyes to increase awareness of peripheral vision. This practice is obviously considered to be very important for spiritual or shamanic growth. Based on our results so far, I would agree – the Being Present state should be one of the first peak states acquired.

Like other states that are aspects of a larger realm consciousness, the 'Being Present' state confers the same ability to see both simultaneously inwardly and outwardly that the Creator itself has. Alex Grey's painting in Figure 13.1 represents regions of the Creator as having gigantic eyes. This accurate symbolism is unable to portray a key aspect of the Creator awareness – the 'eyes' looks both outwards as shown, *and* inward at itself at the same time. In the Being Present state, the CoA and the brain awarenesses also do this.

The very unusual developmental event that blocks this state occurs in the CoA sequence of development. It involves dissolving a physical barrier that can cause a corresponding traumatic barrier to the brain's perception of interior and exterior. Essentially it eliminates the sensation that there is a difference between the interior and the exterior environment.

### **Practical Implications of the Transpersonal Biology Model**

Regardless of whether the grandmother's primary cell chakra is the physical basis of experiences of the Creator, and a grid-like structure in the primary cell is the physical basis of experiences of the oversoul and of past lives, the key point of the transpersonal biology model is that there is *something* physical that forms the basis for the experiences of a Creator, an oversoul, and past lives.

As in normal traumas, physical injuries involving the Creator/oversoul structures block associated peak states and abilities. However, they do it in a radically different way than do normal developmental event traumas. Rather than being carried in ribosomes, we find the structures for CoA traumas are bits of crystalline material that are found in the chakra bodies on the nuclear wall of the primary cell. This difference in the nature of the trauma storage, and the different approach that is required to heal them is why existing techniques used in the normal way were often ineffective in acquiring Creator/oversoul states. Fortunately, regression using the Whole-Hearted Healing technique can access and heal these CoA traumas.

Once one understands that one is working with a functionally different developmental sequence, we find that some existing techniques *can* be efficiently used for acquiring any of the peak states, experiences, and abilities relevant to the Creator or the oversoul for people in average consciousness. Our existing Gaia command regression techniques can be used on these developmental events just as they do on standard developmental events. So, for now, this model explains the data and can be used to generate techniques. It also explains some very odd experiences we've had with clients, or they've had on their own.

**Example:**

An elderly healer was angry with one of her students. She directed her anger inward, and pushed aside or dissolved a piece of darkness located near the top and side of her head. Suddenly, she was filled with a brilliant light that extended upwards into the sky. She'd probably accessed and healed a physical trauma involving CoA bubble damage.

There is an entire array of peak states that can be recovered during the bubble formation in the Creator organism, and in the oversoul stage. A number of states of Platonic ‘ideal’ emotions are gained (or lost) during these events. I also strongly suspect that many of the Buddhist states are to be found by healing developmental events in this sequence. The ‘Brain Light’ state involving good and evil is covered in the next chapter.

As of this writing, we suspect that the tribal block mechanism blocks access to many, and perhaps all Creator-related states and experiences. Volume 3 goes into this problem in detail.

I'll end this chapter with quotes from Serge King and Hank Wesselman, writing about the goal of Hawaiian *kahuna* shamanism: the fusion of the subconscious *ku* (our triune brain organelles) with our conscious *lono* (the nucleolus' directing self) and our superconscious *kane* (our oversoul meridian grid).

“In *kahuna* philosophy and psychology, man is a spiritual being with three aspects represented by *Kane*, *Ku* and *Lono*. In the ideal state the three function as one, represented by *Kanaloa*, and in this state man is able to express his full potential. For reasons to be gone into in later chapters, disunity can occur, causing a breakdown in communication among the three aspects and a lessening of man's effectiveness in life. To regain this effectiveness, the *kahunas* first teach how to reunite *Lono* and *Ku*, the intellect and the body, or the conscious and subconscious minds. To the degree this reunification is successful, union with *Kane* also occurs. Of course, it is not a physical reunification that is meant because there is no real separation, but a reunification through increased awareness. Symbolically, when the carved figures of *Lono* and *Ku* are combined, the result is *Kanaloa*, the companion of God.” (Serge King, *Kahuna Healing*, pages 45-46.)

“...in its inner aspect, [*kanaloa* is] the fully awakened or enlightened state in which all aspects of the self are fully formed, fully aware, and fully experienced; *Tangaroa* in Tahitian.” (Hank Wesselman, *Visionseekers*, page 315.)

## Key Points

- It is possible to see awareness itself using one's own CoA. From this view, awareness looks like various shades of clear white light, on a black background.
- The CoA awareness is carried in the primary cell in the chakra and meridian system in a physical substance that looks like clear crystal. One can see it either as clear light or as a clear crystalline material.
- The CoA awareness is created via a developmental sequence involving the grandmother's chakras. Techniques based on this model work extremely well for acquiring states and healing certain health issues, implying that the model has validity.
- In near-death experiences or via intentional or accidental regression one's CoA can be used to 'see' a plane of light that appears to be overhead. Tubes of light come down from it and attach to people. This plane of light is usually experienced as being the Creator.
  - 'Spirits' of both the living and dead are found as balls of light just 'below' the level of the oversouls. These light balls are representations in awareness of physical CoA bubbles that can be observed in the development of the CoA.
- The oversoul (also called the 'superconscious' or 'higher self') is seen as being composed of filaments with 'nodes' in it that give access to all a person's lives, both past and future. This is based on a biological structure observed in the early development of the CoA, or a similar structure in the primary cell, on the inner surface of the cell membrane.
- Healing certain CoA developmental events result in various peak states, such as a CoA that spreads though and around the body, or the sensation of being present.
- Some biological systems have individual units that form a separate composite awareness. Examples include Gaia consciousness, mitochondria, sperm cells, and the oversoul of past lives.
- The transpersonal biology model identifies biological developmental stages and primary cell features as the source of transpersonal realms and experiences. Examples include Gaia, the Sacred, the Creator, human oversouls, and past lives, and many others.

## Suggested Reading and Websites

### On past lives

- Roger J. Woolger, *Other Lives, Other Selves: Jungian Psychotherapist Discovers Past Lives*, Bantam Books, 1987.

**On future lives**

- Chet Snow, *Mass Dreams for the Future*, 1989.
- Hank Wesselman, *Spiritwalker: Messages from the Future*, Bantam, 1996.

**On the interlife (oversoul)**

- Joel Whitton and Joe Fisher, *Life Between Life*, 1986. First definitive report of interlife exploration by a Toronto psychiatrist.
- Brian Weiss, *Many Lives, Many Masters*, 1989. More exploration of the interlife.

**On communicating with the dead**

- Raymond Moody MD, *Reunions*, Ivy Books, 1994. An excellent book on a modern adaptation of the ancient Greek psychomanteum approach to speaking to the dead.

**On sperm development and actions**

- Robin Baker, *Sperm Wars: The Science of Sex*, Basic Books, 1996. Simplified for the layperson.

**Hawaiian shamanism**

- Serge King, *Kahuna Healing*, Quest Books, 1983.
- Hank Wesselman, *Vision Seekers*, Hay House, 2002.

## Chapter 15

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### Choosing Good or Evil

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Like many people, I once firmly believed that evil as an experience or state of being didn't exist, in spite of what horror movies or religious teachings would suggest. True, people do terrible things to each other, but I felt this was a response to their injuries played out in the world. I was wrong.

In the early 1990s, I was doing supervised, intense breathwork sessions about once a month. At the same time, I was developing the Whole-Hearted Healing process as I slowly learned how to heal myself. One day, I suddenly had the overpowering drive to heal everything I could as fast as possible. For some reason, I knew it was vital that I do this before the next breathwork session.

The session started and I was almost immediately catapulted into contact with the Creator while maintaining the awareness of my body and its triune brains. Nonverbally, the Creator asked my triune brains one at a time whether they chose good or evil! Each brain knew from direct experience with their connection to the Creator that they would still be totally accepted by it no matter what they chose – it would make no difference to the Creator. As 'I' watched, the brains made their decision one at a time. I could now see why I was so driven to heal, as their decision was based on the balance between the accumulated pain of early trauma weighed against the positive experiences I had had.

Several of my brains chose good by the narrowest margin, but one of them ended up choosing evil. The one that chose evil was filled with the desire for revenge for the injuries it had experienced. The others had some similar feelings, but in balance they didn't quite go so far as to decide evil was the correct answer.

The word evil hardly expresses the reality of the word – it was like being in the most horrifying movie about evil that you can imagine, but much, much worse as it was happening in actuality, not safely on a movie screen. Afterwards, one of my shaman teachers said that at a certain point in his students' training this choice came up, although the experience took various forms. He didn't elaborate, and I never did find out what the variations were. Since then, I've seen the issue of good and evil also come up for my own students.

## Chapter Overview

This chapter addresses the phenomenon of good and evil. Our work has shown that the phenomenon of evil actually exists and is not just an abstract concept. When using powerful therapies or spiritual practices, people can occasionally encounter a revolting and terrifying experience of evil in themselves or emanating from other people. Or they can find themselves in a 'hell realm', feeling revulsion, terror, and despair. What causes this and how to deal with it is the subject of this chapter.

The chapter starts with the range of actual, usually horrifying experiences that therapists and clients can have when the problem of evil is encountered. Ways to deal with the problems in a therapy situation are described. Surprisingly, the developmental events model can be used to understand and deal with these issues. Various ineffective approaches to try and eliminate this problem are also covered, because knowing what does *not* work is sometimes as important as knowing what does. The issue of evil has other, less obvious effects: the choice for evil can interfere with gaining or maintaining triune brain fusion states.

Rather than dealing with the problem of evil piecemeal, it is possible to eliminate all evil in oneself completely and so acquire the full Brain Light peak state. The first, key discovery that led to solving this problem was in finding an event at the beginning of birth where the Creator requires each triune brain to choose either good or evil. This eventually led to discovering that the choice for evil is set up by trauma during developmental events that occur when one's CoA self first separates from the Creator. Finding a simple way to heal this event is one of the key discoveries in this textbook.

This discovery of a way to eliminate all evil on oneself in a simple, testable and efficient way has had tremendous practical consequences for us and for our clients. Healing the choice for evil eliminates a surprisingly large range of negative feelings and actions. Eliminating evil in oneself can also be done proactively, which we now require all our students to do.

*States, abilities and experiences in this chapter:*

- Brain Light state
- Loving-Kindness state
- Seeing Brain Awarenesses ability

## Actual Problems Encountered by Therapists Involving the Sensation of Evil

When we think about the concept of evil, we generally have a variety of different perspectives come into awareness: our Christian religious background gives us the idea of good versus evil, with angels and demons thrown in; our psychology background says that evil is the acting out of traumatic material, especially childhood abuse; television and movies gives us horror and supernatural films; we read about murderers and rapists who kill for pleasure; historical figures like Hitler or Stalin who killed millions without remorse; and

philosophers who debate whether good or evil even exists. However, in our everyday lives, although we may encounter nasty people, most of us don't encounter the concept or feeling of evil – the word usually has no experiential meaning for us.

In the following sections, we're going to give real-world, practical examples of the problem of evil that therapists can and do encounter. Unfortunately for our peace of mind, on rare occasions as therapists we do encounter clients who have the sensation of true, existential evil in their bodies. We're starting this chapter in this way to avoid a debate about the nature and meaning of the word evil, and to turn it into something that has real, practical meaning in our professional lives. As therapists, we may have to understand this material in order to help our clients (and ourselves). Once this concept of real, objective evil is clarified, we'll move into understanding its fundamental cause, how to apply it to healing our clients, and how to apply it to acquiring the Brain Light peak state.

For this chapter, when I speak about evil, I'm going to be referring only to evil as a visceral, experiential sensation, not actions that might be called evil.

### **Definition: Evil**

Evil as defined in this chapter is an experiential sensation, not a judgment or action, although it may lead to action. People usually respond to the sensation of evil with fear, horror, and revulsion. For the body consciousness, evil felt at the Creator level of being is a desire that something should never have existed.

To keep the material in the next sections in perspective, encountering the sensation of evil during therapy is uncommon. However, it does happen, especially when you use powerful therapeutic techniques. Or you may have a client come into your office with a pre-existing sensation of evil. How to deal with these cases in an office setting is included with each section – but this does not mean you are suddenly competent to do this after merely reading these pages. As with any powerful therapy, training and experience is necessary.

### *Feeling Evil In or On One's Body In Daily Life*

As therapist we sometimes encounter people who come to us saying that their body, part of their body, or other people feel 'evil' to them. Occasionally this resulted from healing work using powerful techniques such as breathwork, body centered therapies, or regression. It can also result from meditative and other spiritual practices. Generally the client describes fear and intense revulsion around the sensation of evil. This is not a philosophical stance but a lived experience, one that they find intensely horrifying.

#### **Example:**

A man in his 30s was doing intense meditation, and spontaneously one day his entire body suddenly felt evil to him. This sensation of evil was accompanied by a feeling of revulsion towards his body. He sought out a

number of healers and spiritual teachers without any relief. After three or four years, in a last desperate attempt he went to Edmonton to see a spiritual teacher there. Not getting any help, he gave up hope and committed suicide by jumping off a bridge in that city.

The day that we heard about his death was the same day that we learned how to solve the problem in one of our students. A couple more days and we would have been able to heal him. He was a gentle, fine man and it saddens me to think of him passing so unnecessarily.

### **Encountering the Sensation of Evil During Regression Therapy**

Regardless of our personal belief systems about good or evil, students doing peak state regressions or clients doing regression work for other reasons may accidentally encounter a horrifying feeling of evil in their bodies. This problem can also arise with any technique that stimulates traumatic memories, even if the client isn't aware that their experience is from past trauma. Breathwork and deep bodywork are examples of these kinds of therapies. The sensation of evil is usually accompanied with feelings of extreme revulsion and terror that their deepest level of self will become contaminated forever. This can occur during regression to fetal, egg, or sperm memories as well as biographical memories. It can be terrifying in the extreme, and encouragement from someone who is familiar with it, knows how to heal it, and whom the client trusts is vital. Otherwise, we find that the client recoils in horror and revulsion, and tries to escape it before it's healed. Unfortunately for this escapist strategy, the feeling of evil sometimes continues in their current lives – they can't always just walk away from it after the session.

#### **Example:**

A man had chronic mild diarrhea for 10 years. Using regression, he finally tracked it down to a feeling of evil in his own illeocecal valve. This valve between the large and small intestine was relaxed open, instead of being closed as it should have been, causing the soft stools. The valve was open because of his body's revulsion to the evil sensation, and its consequent unwillingness to be in that area that felt evil, so it refused to clench the valve closed as it should have. The client then realized he was experiencing the sensation of evil in the valve area because to his body, the valve felt similar to the closed cervix during birth, something that the body had also experienced as being evil during the time of birth. The origin of the feeling turned out to be due to a precellular organelle pushing at the sphincter valve between the spirals and the coalescence assembly area.

#### **Example:**

A colleague was healing a 'hole' in her back, chest, and leg. This was the first hole she'd ever experienced. The interior of the hole felt evil. The hole felt as if it was transforming all her best intentions into something awful, into behaviors that she couldn't stand in herself. She was so panicked that

she tried blasting it with white light to make the healing go faster. When she did that, it started to seal itself at the surface. This made her feel worse because she feared that the evil would be trapped inside of her. Her panicked thoughts actually ran to using a knife to open up her thigh to get at the evil. Then she came to her senses, relaxed and concentrated on just feeling the feelings instead of trying to fix them, and the hole reopened. Then it gradually resolved and healed itself. She found more holes later, but none of them felt evil.

### *How to Eliminate the Feeling of Evil in One's Body During Regression*

In the real world of therapy and healing, encountering the sensation of evil in your clients or yourself can occur by accident if you activate the appropriate type of past traumas in your work. What are you going to do? Doing nothing is not an option: the client can be severely traumatized by the fear and revulsion he feels in himself when he encounters the sensation of evil; stopping the regression also blocks healing the issue the client came in to resolve; and sometimes the sensation of evil can continue even after the client is no longer regressed! The current crisis needs to be dealt with in that moment. Even the therapist can be traumatized by this experience. Knowing how to deal with this *before* the crisis can save you or your client a tremendous amount of fear and revulsion. In this section, we'll cover some of the more common problems and their solutions.

The most straightforward way to heal the sensation of evil is to heal the trauma you've activated with the regression. When the trauma is healed, the evil sensation disappears. Unfortunately, when the sensation of evil occurs, the client is often generally too overwhelmed by revulsion to do any healing. This tends to eliminate slower healing processes like WHH and TIR that require focus and intention, although with encouragement I've often been able to get clients to persevere and eliminate the problem. However, it is possible for the therapist to use a meridian therapy like EFT, especially if the therapist does the tapping, since the client is usually too frightened to be able to tap on himself.

#### **Example:**

A woman in her 50s was doing regression on birth when she felt evil in herself and surrounding her. "My head is pressed against the cervix. I feel evil both inside my chest and belly, and outside me." We started doing the Whole-Hearted Healing process on this trauma. She continues: "My emotions act as a block to the evil. I feel only apathy now. Evil feels desirable. As the pain goes away, all that's left is evil." She merges with her mother to heal her too. "My stomach hurts. Total darkness inside myself. A sense that it feels like the evil is what and who I really am." A bit later: "The merge with my mom is more tolerable now. I see a faint glimmer of light. I'm beginning to feel some love for her, I didn't think I ever would [sobs]. My collarbone feels like it's going to break. My bones are now on fire." A bit later, with more pains vanishing: "I hate mom and dad for making me exist. Boy, I'm really lightening up! The evil feeling is less, more on the

outside than the inside.” More injuries dissolved. She spoke more phrases that matched her body feelings. Her session ended with “No evil anywhere. I feel bright inside in the womb.”

#### Example:

Paula writes: “I found that the only way to heal evil sensations in my body, be they from holes or pretend identities, is to love whatever is behind the feeling of evil. Then the evil transforms into pain, anger, or whatever feeling is causing it.

“Evil-looking self-identities or projections will masquerade as soul pieces, possession, or the devil itself. The goal is to make you say, I can’t heal this. In regression, I can merge with whatever part of myself that feels evil, and love myself for being evil: it’s just like any other emotion, and it is healed the same way.”

Another method to eliminate the evil feeling doesn’t involve healing directly. When the feeling of evil is encountered in a past trauma, one can focus on one’s body in the present and go through each of the triune brains in turn, looking for the ones that are making a choice to be evil. For example, if the body feels it has to choose evil to survive, and you’re regressing to a survival experience *in utero*, the body automatically makes that choice as it has done so many other times. Relaxing the automatic responses of the brain involved by simply giving them attention generally ends the current experience of evil. Then the client can go back to healing without the horrifying distraction interfering. The added bonus here is that the client has become aware that he had made a choice for evil, and can generally isolate which brain it was that made it, at least during that one trauma experience. (Note that this problem of encountering evil during regression will probably recur in the future if the client continues to use healing techniques like regression, since the mechanism of the underlying choice for evil hasn’t been healed.)

The best long-term strategy is to heal the client’s overall choice for evil that was activated by those traumatic feelings. Our current process for doing this is summarized later in the chapter. However, in a therapist’s office, this approach can be inappropriate as it’s often irrelevant to the issue the client came in with. Additionally, the technique is not yet as simple or as fast as one would like when using standard, average consciousness trauma healing modalities.

#### **Feeling Evil Radiating From Someone Else**

Another very difficult set of experiences involving evil can be encountered both *in utero* and after birth. A client, during time as a fetus, egg, or sperm, may have felt the parent who surrounded him radiating the sensation of evil. Or, after birth, a client when putting his attention on someone may feel an intense sensation of evil in or surrounding that person. Generally, this is something they hadn’t noticed when the trauma originally happened, although some clients do at

the time. This isn't just a problem that the client encounters – the therapist may also have this same experience with his client.

#### Example:

A client was regressing to an *in utero* trauma. Once there, he felt completely surrounded by evil. His reaction to it was intense revulsion, and there was no place to go to escape it. He eventually was able to heal the experience by 'reaching through' the shield of evil his mother was maintaining so that he could find the reason she had chosen evil at that moment. It turned out that the pressure of his fetal body on the cervix during birth was activating traumatic memories in his mother's body around being raped as a young girl. With this recognition, the sensation of evil vanished in his regressed state.

#### *How to Heal the Feeling of Evil Radiating From Someone Else*

When a client encounters the sensation of evil radiating from someone else, be it another person or their own mother *in utero*, the feeling of evil can be dissolved by having the client feel 'underneath' or 'through' or 'past' the sensation of evil. The evil sensation acts like a wall, and when the sensation of evil is there, the client cannot feel the presence of the other person, just the sensation of evil. In a way, it's as if the sensation of evil were a wall or shield for the person who created it. Perseverance allows the client to feel the underlying reason why the creator of the evil did so. Encouraging the client until he reaches that awareness is often a critical step for the therapist. Just feeling the underlying reason in the other person causes the sensation of evil to disappear, for the clients we've tested it on.

#### Example:

A man regressed to a traumatic experience he had had with a spiritual teacher. The teacher had abruptly become irrationally angry and blaming when the man described how he had managed to develop the same healing ability that the teacher had. He had been expecting praise, not a verbal attack. During the regression, he felt an intense presence of evil from the direction of the teacher. Staying with the moment in time, he reached through the sensation and found that the teacher's body consciousness felt its survival was threatened by the man's new level of healing ability. The teacher had a very strong association between survival and having a unique and special healing talent.

#### **A Feeling of Evil Acquired From Someone Else**

Therapists working with people who are experiencing evil can encounter another, even more disturbing experience. The therapists can suddenly find themselves feeling evil in or on their own bodies! Similarly, during a healing session, a client can also have the memory and the sensation of suddenly feeling

evil from another person on themselves. The shock and internal revulsion can be extremely frightening, and unless dealt with can continue long after the session.

#### Example

A colleague wrote about his first encounter with evil: "While learning Distant Personality Release™ (DPR), a process for changing a person's personality issues taught by the Institute, I asked Grant how one could feel close to the person with whom one wanted to do DPR. He responded that merging was the only way he knew. After I experienced merging, Grant gave me a short explanation of good and evil, with the caveat that I probably wouldn't run across evil. I started practicing merging with my wife. After two weeks, I decided to do additional merging with other family members. Upon merging with one family member, I immediately felt attacked by something evil. I thought, "What in Heaven's name is going on?" and immediately called Grant for help, and left a message. When he called back, we used EFT to discharge the situation."

#### Example:

A dating couple in their 40s were experimenting with the Distant Personality Release process (found in our *Basic Whole-Hearted Healing Manual*). It is designed to let a therapist eliminate personality issues in a client at a distance without the client's participation. The man was experiencing some pain and lack of flexibility in his solar plexus, so the woman focused the process there. Suddenly, she cried that she was covered with evil and withdrew into the corner of the room, screaming! Using the EFT tapping therapy on her sensations caused them to vanish. Months later she had no memory of the experience; apparently this was an unconscious block to the horror she had felt.

#### *How to Heal the Feeling of Evil Acquired From Someone Else*

As illustrated in the previous examples, it is possible to acquire someone else's feeling of evil and have it appear in one's own body. This can happen to the therapist, or the client may have come in with this problem. Fortunately, this is a very rare event, although it is more common among healers and therapists than among the general public, probably due to the nature of their work and the exposure to clients who already carry a sensation of evil.

One mechanism for this we call 'copying'. This occurs when a person 'copies' someone else's feeling. Copies are felt at skin level, although they may cause symptoms inside the body. One can identify copies by feeling the personality of the person it is from, as if it radiated from some kind of mat stuck to the body. One way to heal this is by using regression to the moment the copy was formed, and dissolving it there. Another is to notice what emotion one has 'underneath' the copy – this causes it to 'fly away' and vanish.

Another mechanism that causes the feeling of evil to appear on or near one's body is called 'soul stealing' in shamanic traditions. This mechanism is

responsible for hearing non-physical ‘voices’, and can cause uncomfortable body sensations and emotions. It is not uncommon to have a client with a ‘voice’ that feels evil to them (although most voices do not feel evil). I do recommend that therapists learn about this material and how to deal with it in case the problem arises while working with their clients – the person you help may be yourself, as the therapist sometimes acquires this problem from his client! We briefly cover this material in our *The Basic Whole-Hearted Healing™ Manual*. For an in depth understanding of this problem and other ways to heal it, I refer you to my *Silence the Voices* or Volume 3 of this textbook. For background information and a very different way to deal with the problem, I refer you to Sandra Ingerman’s *Soul Retrieval*.

If you unexpectedly encounter in your practice the problems of evil and ‘soul stealing’ that we’ve just described, there is a simple fix that sometimes works. The key to this solution is in knowing that no matter how bad the client is feeling, and how much he wants it to stop, his body consciousness is keeping the problem in place. Rather than using regression to find the *in utero* survival traumas, it is often possible to use the fast-acting meridian therapies. Focus the meridian therapy on what the client is feeling at that moment; this often causes the evil feeling to ‘fly away to infinity’. If that doesn’t work, tap directly on feelings that his survival is being threatened. You may also have to tap on the subtle feeling that he needs to hang on to the problem or he will die.

It’s not always obvious to inexperienced therapists whether the client’s problem is caused by soul stealing, copying, or triggered trauma evoking the choice for evil. It is definitely soul stealing if the evil sensation sometimes feels more ‘distant’, as if there were another, evil person present.

### Demonic Possession

In previous sections we described how people can feel a sensation of evil in all or part of their body. As terrible as this is, an even more frightening experience of evil can occur – the so-called ‘demonic possession’ of movie and film fame. In extreme cases, clients feel that their bodies are filled with evil and they have the sensation that someone or something else has taken partial or complete control of their bodies. The possessed individual is usually aware of the possession, but can’t stop it, and struggles for control of his own body. The client and the therapist can both feel an extreme metaphysical fear and moral rejection of the possessed individual. This phenomenon is well described by Stanislav Grof and others working with this category of spiritual emergency.

Most therapists or healers don’t normally encounter cases of demonic possession, and so assume that it is either fantasy, delusion, or Hollywood at its worst. Unfortunately, while rare, the phenomenon does exist. People with this problem tend to withdraw or turn to religious organizations, and so don’t normally appear in therapists’ offices. However, therapists can still unexpectedly encounter demonic possession if they use powerful therapies such as breathwork, regression, etc. In my own therapy practice, I encounter this sort of

thing about three or four times a year, either with clients who have a pre-existing condition, or as a consequence of doing regression work.

#### **Example:**

A woman was getting a demonstration of a regression healing process in a private room with about a dozen onlookers during a power therapy conference. Suddenly, the room felt filled with evil, and another, very demonic personality filled her, and spoke through her. The woman was also able to be present during this experience, and was extremely frightened, as were the onlookers. It became an impromptu demonstration on how to heal this type of phenomenon.

#### *Healing Demonic Possession*

Demonic possession is also due to soul stealing. However, in this case the client is unable to suppress the full content of the material he has acquired from someone else, and it plays out in his thoughts and actions. One heals this in exactly the same way as in the previous case of acquiring someone else's evil via soul stealing.

Demonic possession has nothing to do with the client's choice for good or evil (in spite of what Hollywood movies would lead us to believe!). The underlying cause is their mother's feeling of evil during particular moments while the client was in utero. Trying to eliminate this problem by assuming that some part of the client is choosing to allow evil in, or that an experience like drunkenness or anesthesia has allowed it in, or that the client is already intrinsically evil, does not work. This only makes the client feel bad about himself on top of the revulsion and fear he is already burdened with.

There are other mechanisms that can cause what looks like demonic possession, although in my experience soul stealing is far and away the most common issue. There are three possibilities: the most likely is a particularly negative personality in a person with 'multiple personality disorder' (MPD). Another has to do with problems inside the primary cell that will be covered in Volume 3. The final possibility hasn't been verified, but I suspect it may be possible for one of the triune brains to influence the entire organism to act out an 'evil' pretend identity.

#### **Hell Realms**

One of the most frightening – and what feels like spiritually contaminating – experiences that one can encounter doing deep inner work is entering a 'hell realm'. This experience happens when the person has knowingly or unknowingly regressed to a precellular brain's detachment from the spiral and then has a physically traumatic passage through a sphincter in a membrane (sometimes called a 'veil' when viewed from pure CoA consciousness) that separates the spiral from the coalescence area. This passage takes some time, and can be filled with terrifying and evil images and experiences. These images are generational traumas that the brain becomes aware of as it moves through the

membrane. As there are seven egg and seven sperm precellular brains making passages through the membrane, a total of 14 possible hell realm experiences can occur. Fortunately, most passages through the membranes lack the level of trauma that result in hell realm experiences.

**Example:**

People can encounter the valve without realizing it is a biological structure. One client who regressed to this time saw it as a gaping maw with gigantic teeth, an evil being that was going to eat him. Overlaying what is actually present with a fanciful image is not uncommon in this work. In cases like this, the overlay obviously adds an even greater resistance to going into the event.

If you enter a hell realm by accident, the best thing to do it to is to ignore anything you see and simply keep going forward in the center of the passage through the membrane's sphincter to the coalescence area. Later, with assistance, you can regress and heal the precellular brain damage that occurred during the passage through the membrane that made it into a hell realm experience. Focusing on feelings of loneliness at the complete absence of the Creator can also help, as it can trigger the awareness of the Creator's presence in the distance. It is useless to try and heal the individual scenes of torture and mayhem in the hell realm; one can stay stuck there for days, and accomplish nothing. Don't get involved with what you see or experience: instead, heal the p-organelle's damage that makes it lose its way through the passage and keeps its feelings stuck. (We typically use WHH or EFT to heal this problem.) Once you do that, you'll find yourself automatically going right down the middle of the tube easily, and the hell realm experience will have vanished.

Hell realm experiences can also occur by stimulating certain acupuncture points. The points are: the Bladder 42 the Po Hu point; Bladder 47, the soul gate; and Bladder 44, the spiritual house.

**DANGER**

*We don't recommend exploring hell realm experiences. We mention them here to help people understand what has occurred if they've done this and entered a hell realm by accident. Hell realms are typically horrifying, traumatizing, and give the sensation of having contaminated oneself with evil that can't be undone. If you've already had this experience, we recommend healing it only under the guidance of a therapist who is experienced with this problem and who has extensive trauma healing skills. If unhealed, the sensation of evil can last after the regression, and cause a person to commit suicide to escape it.*

**Example:**

Paula writes from notes on a healing session that occurred before she knew about the veils and the medicine area. "I was healing a 'hole' in my heart. It

led me to a generational trauma. The old woman in this trauma felt threatened and abandoned by her teacher. Suddenly, the scene changed and she was much earlier in time, pre-coalescence. A choice is being made, just a small move of her heart, and this is what starts evil: just a tiny shift to a different plane. There is the feel of a membrane that should be permeable but isn't; something that should give, but holds instead. It's that simple.

The ancestor's heart chose this, and so did mine, copying from her. Certainly a formal decision about good and evil might be made near birth, but at this stage, a lot of the moves about evil are made. I copied the resentment, the abandonment, the fear, and I copied the membrane that should be permeable but isn't. It doesn't feel contaminated the way that evil will feel later on: it just feels like a slide, away from life-giving, that will have negative consequences for me and for her personally. Just a small shift sideways, and you're there: being not-transparent, not-permeable, holding in instead of letting through.

After this, I realized I disagree with Grof – evil itself is not a precondition of creation. Separation is, and the pain of separation often leads to choosing evil."

In this text, I normally refer to 'realms' as kinds of consciousnesses that are supposed to be a part of us. However, the expression 'hell realms' is so commonly used that I chose to follow common practice. However, I am *not* implying that one should merge consciousnesses with the hell realms.

Hell realms are another example of the range of the transpersonal biology model - in this case, as we've seen, the sphincter developmental stage before coalescence is the biological source of the phenomenon.

### **The Good or Evil Choice Event at Birth**

In the previous sections, we discussed the rare cases where a client or a therapist actually encounters the sensation of evil. But what is evil? And why does it occur? To answer this question involves knowing about several different developmental events.

To our great surprise, in our regression work we came across a developmental event that was one of the keys for understanding the existence of evil. This event occurs shortly before the first birth contraction, and it is a moment where a decision to be either good or evil for the rest of our lives is made. Unlike other developmental events, this one has no particular physical changes occurring in the fetus. Rather, this event involves only the Creator itself. During the event, there is a sudden intensification of the Creator connection to the fetus. Normally the Creator is passively observing, but in this event the Creator actively intervenes. It requires that the triune brains individually choose either good or evil, a choice that remains for the rest of their lives. All the brains choose in sequence, starting from the Buddha and working down to the perineum. (However, people often report that at first they're only aware of the three main brains – the mind, heart and body – making the choice, and they

generally need to spend some time to become aware of the other brains' choices.)

During the choice, each brain *knows* that the Creator will make absolutely no judgment and will continue to totally accept it regardless of what the brain decides. Thus, the brain's choice is totally independent of socially conditioned 'shoulds' or of any inhibitions about what other people might think of it. The choice also sets the degree of good or evil. Experientially, the choice is 'visible' to the client because at each decision he enters (or simply is aware of) a three-dimensional region with light on one side, and dark on the other. This view has a gradation from full black at one end to full white at the other. The degree of evil chosen shows up as a location in this spectrum. These choices can be plotted on a line that goes from -100% (all evil) to +100% (all good). Zero is the neutral dividing line between them.

In the previous section, we described rare events involving the sensation of evil. However, when regressing to the birth good/evil choice, you will almost always experience the terrible feeling of evil in at least one of the brains, because it is such a common choice. In fact, the typical person's choices are about half good and half evil in a somewhat bell-shaped curve usually grouped around the midpoint between good and evil (0%). If you are considering accessing this event, we highly recommend doing this regression with a support person, not by yourself. This helps one to face the feelings of fear and revulsion during the regression. Emotional support is also helpful because it can be very disheartening when one realizes that one has chosen evil.

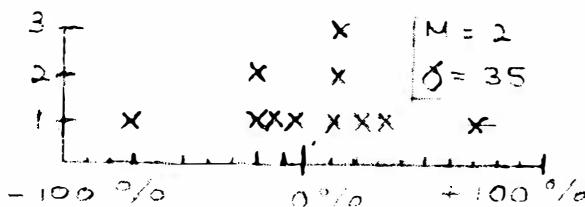


Figure 15.1: A graph of the distribution of the choice for good or evil in the directing self from 11 typical students (neglecting MPD scores; the points are averaged over the entire column of self).

During the good/evil choice event, the individual brains make their decision based on their previous experiences of *in utero*, egg and sperm trauma. From the viewpoint of the brain involved, it makes its judgment by weighing its overall impression of being hurt versus being loved. It does this in the same way an adult might check on his feelings if someone asked him if the world was a hostile place or a supportive place. Obviously, the type and degree of traumas have a huge effect on this choice. At a slightly deeper level, the brain that chooses evil does so because it believes that its essential purpose requires it. Thus, the body brain, whose essential purpose is to survive, believed it had to choose evil to survive. In a similar way, the heart would choose evil if it

believed it had to in order to be able to fulfill its essential purpose of connecting. The mind would choose evil if it believed it would be necessary for achieving its primary purpose of understanding.

To repeat, the brain that chooses evil decides that its essential, core purpose can best be met by doing so. From an adult perspective, this seems quite contradictory, even stupid. Yet, this is such a common theme that many myths describe people who chose evil in return for some worldly gain. We only need look at the world condition to see examples of this choice for evil by people to meet their purposes: on a large scale, the terrorism in Ireland between the Protestants and Catholics, the killings between Israel and Palestine, or corporate and government actions that harm people and the planet. Or on a personal scale, in actions that harm or separate individuals such as violence, rape, lying, cheating, deceit, and so on. In our own daily lives, the choice for evil is reflected in negative emotions like hatred and anger.

#### Example:

I recall being in the fetal position inside my mother's body when the good/evil choice point occurred. I could strongly feel the Creator requiring me to make the choice. Not choosing or choosing both was not an option. My body chose evil. Why? It had the conviction, based on the experience of traumas that had caused tremendous physical pain, that separation between myself and the people and the world around me would be the safest and best way to respond in the future. There was also a feeling of anger at what had happened to me. The choice for evil, in its essence, involves a separation between people, a sort of anti-love.

At first, we assumed that the brain's choice for good or evil was fixed at the good/evil choice event. However, this wasn't quite correct. Instead, this choice event determines how we will *typically* choose later on in life. It is possible to move into either more good or more into evil by using our conscious will or by the influence of outside circumstances. This flexibility can be seen in people in their reactions to particular circumstances. It can also be used as a way to find the traumas that influenced the choice for evil.

#### *The 'Good/Evil' Choice Event*

- Developmental stage: Just before the first contraction of birth.
- Description: During this event, a strong enhancement of Creator connection occurs, along with the Creator's requirement that each brain choose either good or evil. The Creator does not judge the choices made. This also affects the directing self (or selves if there has been multiple personality formation). The choice is on a scale from total evil to total good.
- Effects: Sets the typical choices for either good or evil that a triune brain makes during normal interactions after birth.

- Comments: Due to the underlying biological cause for the phenomenon of evil, virtually no one chooses all 100% good at this event. Regardless of the choice, circumstances cause a typical person to choose differently from their birth ‘setpoint’ of good or evil. The directing self also makes a choice, often putting it in conflict with its own brains.

### *Evil During Regressions*

As we've noted, clients can experience evil in themselves even when reliving events before this choice point at birth occurs. How is this possible? It is likely that the traumatic feelings being re-experienced activate a choice for evil in the client's body in the present, which is then superimposed on the body in the past. However, the situation is actually more complicated, as we'll see shortly. Since in our work with peak states we are usually healing traumas that occur before the good or evil choice event, encountering evil is a problem that you will probably see occasionally in yourself or your clients. Regardless of the real explanation, healing the trauma moment eliminates the sensation of evil.

Interestingly, we find that many people aren't aware that they are the cause of the sensation of evil that they feel when regressed to either pre- or post-birth trauma. This occurs because the person's CoA isn't normally aware of the actions of the triune brains – after all, the brains are the basis of the 'subconscious'.

### **Measuring Good and Evil in Clients**

To do the research for this problem of good and evil, we had to figure out an easy way to measure a person's triune brains' choice. Obviously, regressing clients and having them give a self-report on their good and evil scores during the birth moment wasn't practical. Fortunately, we eventually realized that the 'Seeing Brain Awarenesses' peak ability (the one that is used to make Perry diagrams) had this feature built in – the degree of light or dark in the brain awarenesses is an exact measure of the choice for good or evil. Interestingly, the sperm side or egg side choices in a given brain are also different. With a little practice, observers would give very consistent measurements once the traumas that caused them to distort their 'seeing' were eliminated.

Later, we discovered that the directing self (the nucleolus) also made a choice for good or evil; and that the individual multiple personalities in people with clinical or sub-clinical MPD (which is roughly 70% of the general population) would also choose various degrees of evil. Fortunately, the Seeing Columns of Self peak ability, that we were already using to see the directing self and its multiple personalities, could be used and calibrated in the same way as we did with the brain awarenesses – the degree of white or dark in the columns also tracked the choice for good or evil.

### **Example:**

Tal Laks was measuring a typical spread of light and dark triune brain awarenesses in a student. She was quite surprised when suddenly all of the

student's triune brains turned 'black' – the student had switched into a different MPD personality, one whose nucleolus fragment was itself completely black. When the student returned to the dominant personality, the brain light profile went back to normal. This was a key observation – up to this time, we hadn't suspected that MPD could affect the triune brains' good and evil balance. This turned out to be a particularly important observation, since the majority of the general population has the underlying MPD problem.

Measurements for most people were consistent over time. Essentially, we were seeing their good/evil choices at the nominal or 'rest' state. However, one of my colleagues noticed that he could, at will, move his choice temporarily toward either good or evil – and that our students were doing this unconsciously, depending on the circumstances they were in.

Clearly, we needed some way to make the choice for good 'rock solid', so that circumstances or choices couldn't change it.

### *The Statistics on the Choice for Good or Evil*

Years ago, after our discovery of the triune brain choice for good or evil but before we discovered how to quantify the choice (using the Seeing the Brain Awarenesses ability), we wondered how common the problem of choosing evil was. Our clients working on peak states were doing a lot of regression healing, and the majority were encountering experiences of evil – although this generally did not occur until they had already done a massive amount of healing. This suggested that a choice for evil was fairly common, but this data certainly wasn't an adequate basis for extrapolating to the general population. After all, the majority of the people working on peak states were doing so because they were not happy with their present way of being.

We next turned to using muscle testing. I have a strong bias against the accuracy of muscle testing in general, and in this case in particular as the results at that time were unverifiable. But as a starting place, it gave us another, although suspect, data point. To our great surprise, almost all of our workshop participants using simple muscle testing indicated that one or more of their brains had chosen evil! Their choice for evil certainly wasn't obvious from their behavior, nor was it easy to tell which brain had chosen evil. Nor was it obvious which ones had chosen evil in more than one brain. The fact that a person's body would be willing to disclose they had made the choice for evil made the credibility of the test higher in my estimation. It certainly was unexpected.

Another way to look at the question is to use pure statistics. As I've shared from my own experience, the choice for good or evil in myself was close to even. Thus, if we assume that my experience is average (which may or may not be the case but gives us somewhere to start), we can use normal probability statistics to make an estimate. If we assume that the average person is nearly balanced at the 50% point between choosing good and evil, and given that 14 brains make the choice, probability theory says the chance of choosing all good

is 0.5 multiplied together 14 times, giving about 0.01% of the population as choosing all good (even if by only a tiny margin). You would get the same numbers if you were estimating the probability of people choosing all evil too, as these assumptions form a symmetrical distribution. Thus, using these assumptions, virtually everyone is a mixture of good and evil.

We used one of our researchers who could communicate with Gaia to check our estimates in yet a third way. Given that the response was accurate and not just delusional or fabricated (always a problem in this work), we got that 5% of the general population have had all the brains choose good. Unfortunately, this means that 95% of the general population has chosen evil in at least one of the brains. We then got the Gaia message that 3% of the general population access evil 1% of the time, a response that confused us because at the time we thought the choice for good or evil was immovable. In hindsight this response makes sense – people vary their propensity for good or evil to some extent depending on circumstances.

Eventually, after we realized that we could ‘see’ people’s choices, it became clear that nearly everyone was a mixture of good and evil. Even when some brains chose one extreme or the other, most still ended up near the middle point. Even very ‘good’ people almost always have several brains choose evil.

### **Trying to Change the Choice For Evil**

My first reaction to discovering the developmental event for choosing good or evil was pretty straightforward – good was better than evil, and so evil had to go.

Over the course of the decade I worked on this problem, I tried a number of approaches. Normally in this textbook I omit the false trails and only include what does work, making it much more efficient for my students (and the textbook far shorter). With this problem, however, I think it is useful to examine the approaches we explored, so that the advantages of the final solution are clear. Note that I am not recommending any of these other approaches: the final solution is far easier, more complete, and elegantly simple.

### *Trying to Merge Opposites*

We started by speculating that perhaps this Creator choice point for good or evil might be some sort of test – perhaps the correct choice was both good and evil, or perhaps neither. Another option might be some sort of resolution that included both good and evil. However, none of these options were offered by the Creator – the command to choose was unambiguous. Our experiments along these lines did not bring any results, and so we decided to work towards the more pleasant choice for good. The choice for good causes the body to feel more relaxed and peaceful than the choice for evil, in the same way that joy and happiness feel better than hatred and bitterness.

### *Using Psychic Techniques*

A colleague, a psychic who was trained in the tradition of the Berkeley Psychic Institute, used her psychic techniques and exceptional states of consciousness to look at this good/evil choice problem. Using her psychic perceptions, she found what she described as a device or governor that had been installed in her body during that good/evil choice moment. She dissolved it, and felt a sense of freedom. However, I was unable to detect any change in her behavior or presence as a result of this maneuver, and her state didn't change. Also in my general experience with the 'psychic' approach, things healed in this way usually revert to their previous condition over time. This is because the underlying traumas (actually, the decisions and actions of the body brain that are based on associations that occur during trauma) that cause the body to create 'visible' manifestations at the psychic level still remain, and later drive the person to recreate the problem.

#### **Example:**

One morning a friend woke with the choice of good and evil on her mind. She suddenly got the idea of telling herself, "Be bigger!" The brains each felt like they started unraveling stuff off of themselves. Her body brain went easily and started reaching up to the heart. The heart was expressing fear, and the presence of the body reassured it.

The good and evil choice created what she perceived as a microchip device on either side of the spine, behind each chakra. She could see how it polarized her life, as if it were an old agreement to stay unconscious and limited, right from the creation of awareness. "Letting go of this returns us to when we were just one, before the choice was made. It's not just me, but under, around, and above me. The whole space gets much bigger."

The heart was afraid to be bigger. When the heart started letting go of the fear, something archetypal, monolithic, and huge was there. It didn't feel sacred. "The monolithic presence seems to be more akin to our original energetic form or largeness prior to incarnational choices of good and evil ... it's much larger and holistic feeling. Today I sensed this as clear red energy."

### *Using Awareness Itself*

Wes Gietz came up with a partial solution by using his will to chose good, which allowed him to locate the traumas that generated a choice for evil. However, it wasn't yet something that others could easily duplicate. I include it here because it allows you to see the progression of the work, and because of his excellent experiential description. He had the Inner Brightness state, and with it he regressed while focusing on the issue. He went to the 'place' that had a boundary between light (good) and dark (evil). The distance from the boundary defined the strength of his choice. He could choose to force himself into the light side, and the traumas that were making him choose evil would show up as a sense of resistance to the motion, and also appear in his awareness as injuries in

his body. He found that after healing the injury zones he automatically ended up in the light side. The more resistance traumas he healed, the further into the light side he would automatically return to.

**Example:**

Wes writes: “The place of choice between good and evil for me appears as a shimmering silvery wall, the outside of which is empty, and the inside of which is more solid and warm, and even loving. If I am in a place of choosing good, I will be inside the wall, and this is also associated with being bright inside.

“My memory of how I got to this point is sketchy. It simply seems to be where I found myself when I focused on the issue of the good/evil choice for my heart. My physical being at that time is very early in its development. It’s not even at the stage of fertilized egg. (I had thought at first that this place was the uterine wall and that the moment was the moment of implantation; I know now that the moment is much earlier.) The wall may or may not be physical in nature, but a non-physical explanation makes more sense to me: if the wall represents a boundary of some kind between my heart brain and Gaia, the choice of evil would be expected to leave me in a place of separation from Gaia – and that is when I find myself outside the wall.

“The part of me that chooses evil in that moment is the heart brain. In its need for connection, it looks also for safety in power over others.

“The trauma associated with this appears to be an injury of some kind to my upper right leg, like a blow on the outside of the thigh. Connecting this (a physical trauma) with the idea that the wall is a non-physical place is hard for me to understand. Should I simply suspend the need to understand it as a mapping of physical experience onto something that is essentially not physical, and allow the injured-thigh image to be a link between the Whole-Hearted Healing approach and the good/evil choice?

“It’s interesting and heartening to me that I can move from outside the wall to inside it, with an accompanying increase in brightness and feeling of rightness, by facing my choice and recognizing that fundamentally, the choice of good is what I want; in other words, to recognize that I can achieve the connection my heart needs by choosing good in that early moment.”

**Example:**

While healing material around the birth, a middle-aged woman perceived a split between light and dark. She moved her awareness into the zone of the light, and was so filled with light that she was able to see through her closed eyelids! This state remained stable for months, at which time we lost contact with her and could no longer check for stability.

### *Healing Triune Brain Traumas*

By looking at the triune brain awarenesses, one can see the choice for good or evil. We found empirically that healing traumas in a particular brain's primary area of responsibility (belly for the body brain, head for the mind brain, and so on) we could change the choice event towards good. However, this turned out to be a horrendously slow, painful and difficult task for our students. It also required supervisors who could 'see' the students' rating, and the students themselves couldn't easily tell if they were succeeding or not. For all they knew, this entire process could have been an elaborate hoax. Later, we realized that this approach didn't heal the directing self's choice for evil, nor was it immovable – the students could still force themselves into evil.

#### **Example:**

Normally the brain light profile is a random cluster of values around the midpoint between light and dark. However, we were quite surprised to meet a woman whose sperm side brains were fully dark (less than -90%) and whose egg side brains were all light (greater than +50%). All her male and female triune brains awarenesses were correspondingly split apart, something we had never seen before. Healing several vortices changed her good/evil distribution and Perry diagram back to typical values.

### *Using the Creator Choice Event*

First, I had students go to the good/evil choice event and try to change the brain decisions without doing any trauma work. They reported that they could force the brains to choose good, but subsequent checks demonstrated that they were not actually successful. After they quit forcing the change and removed their attention back to the choice event, the event returned to its previous state.

For most developmental events, we can heal traumas to get a change to our liking. However, you can't just go to the good/evil choice point and change the decision by healing that moment since there is usually no trauma there to heal! This developmental event for most people does not involve any trauma at all other than minor squeezing of the large fetus packed tightly in the womb. The lack of significant trauma left us at a loss for what to do.

However, we eventually realized that this moment allowed direct access to all of the traumas that were relevant to the good/evil choice for each brain. Thus, we could simply heal lots of prenatal traumatic experiences that were being stimulated at that moment, until the balance between good womb (and pre-womb) experiences and bad womb (and pre-womb) experiences tipped toward the more positive side, resulting in a new choice for good at the decision event. However, this was a lengthy process that most people would obviously not have the time or will to complete. Nor did it solve the choice of the directing self, or make it impossible to choose evil on purpose or when traumas were activated.

## Solving the Problem – Eliminating Evil Using the Brain Light Technique

I needed a way to eliminate evil completely, permanently, swiftly, and with a technique that people in average consciousness could use. However, none of the methods in the previous section worked adequately – and I was pretty sure that I wouldn't be able to solve this problem until I understood the underlying theoretical basis for the problem.

In my personal explorations years ago I had encountered a moment when my consciousness was first formed in the Creator itself. During that moment, when I was just a ball-shaped object of pure awareness, I experienced evil forming at my perimeter. John Heinegg and Tal Laks were also able to find similar moments of their own once they knew to look for it. One day, while the three of us were taking another crack at trying to solve this problem, John had something odd happen when he went to this moment. He could see himself as a ball of light, *or* he could choose to see himself in a different way, as a sort of crystalline material. But this time, as he was doing this, Tal got a Gaia command for him to use to heal. In a flash of insight, I realized that John must be experiencing a real, physical event – otherwise there would not have been a Gaia command, because they only apply to physical, biological organisms. From this, we quickly realized that there was a key developmental moment for evil – but it wasn't in any of the developmental events we were familiar with. Instead, it was in the developmental sequence during the formation of the bubble in the grandmothers' primary cell chakra, as described in the previous chapter. This particular moment involved a biological separation from the Creator, which reflected in the same issue in pure consciousness. Evil is the direct result of whatever damage was present during that particular moment in the bubble's development. It manifests in our lives as overt or covert aggressive separation from others.

We refined that first insight, then tested it on the research staff, and finally tested it on students. It worked perfectly. It was simple and relatively fast to do, and better yet, the students knew when it worked. They could no longer move themselves into negative, angry or evil sensations at all, no matter how hard they tried. We now require completion of this process in all our students.

The implications of this technique are rather staggering, as it turns a seemingly insoluble, existential problem into a simple physical repair issue. For example, we could heal our own children of this issue early in life; or we might be able to heal the issue of evil in all of our past and future lives by some application involving the oversoul; or even more profoundly, find some method to eliminate this problem for all of humanity.

### The ‘Brain Light’ State

Because the concept of good and evil is so emotionally loaded and misunderstood in our culture, I decided that we should choose an emotionally neutral label for the state of an absence of evil. Because the problem could be ‘seen’ as either light or dark in the triune brain awarenesses, I decided to call this state of the absence of evil the Brain Light state. Originally, I measured the state by using percentages for the individual brains. Now, after solving the problem,

we have students eliminate all of the CoA bubble injuries that cause the darkening, then have them try and be evil as we do a final check of the brightness of their brain awarenesses and their ‘column of self’. Afterward, we have them check their reactions to situations in real life, to catch any remaining injury zones in the bubble.

By far the most striking effect of the full state is that one cannot feel aggressive, negative or ‘evil’ towards others. Trying to force oneself to be that way is like trying to crush a granite pebble with one’s hand – it cannot be done. This state doesn’t give any particular ability that we’re aware of, but it does give advantages when healing oneself. The state reduces one’s fear level, making it easier to connect to Gaia and to the realm of the Sacred, to heal, and to find traumas to heal that normally we conceal from ourselves and from others. It also makes triune brain fusion states easier to have – there is none of the revulsion the brains have towards each other if one has chosen evil while the other has not.

As one approaches the full state, another effect manifests: one can ‘see’ and interact with a bright light in the abdomens of other people.

#### **Example**

Tal Laks deliberately pushed all her brains into 100% of the brain light state (i.e., all good) for several weeks. She reported euphoria and feeling very light. She found that she related to people on a much more “real” level. She saw each person had a “spark of light” in the abdomen. It was a very, very peaceful state. However, she did not find any characteristics of the ‘Loving-Kindness’ state; she didn’t feel more affectionate towards people than she did before gaining the state. Instead, she described it as “being very clean, and nothing was tainted” in her communication with others.

The only problem we’ve seen with this state so far was in an individual who had previously used his anger (an underlying choice for evil) to motivate himself. When this vanished, there was an adjustment period that lasted for a few days.

#### **Example:**

The student writes: “After the process I felt peaceful, spacey and clear-visioned, sparkling. But I didn’t feel “ecstatic” or powerful or expanded in any sense. My emotional state in the two following days was flat to depressed, but not suicidal. I tested the work by trying to ideate some violent or homicidal action but couldn’t ‘work myself up’. When imagining vengeance on someone evil (i.e., Hitler) I just felt as though I was shrugging my shoulders, with a sense of compassion toward the target. There was often a strong feeling of sadness for them and their acts.

“On the other hand, I didn’t feel particularly happy or lighthearted; in fact I had a distinct lack of motivation and energy. Discussions have arisen about the obvious, regarding how much of our human (or to be cautious and politically correct, MY) impetus and drive comes from aggressive

energy, primal competitive libido, and capacity to work off the negation of otherness and those things or energies or people we feel threaten our survival, regardless of whether this characterization is objectively accurate or not.”

[A few days later, he clarified that one of the things lacking was the ability to use anger as an ‘engine’ to get going, as a motivator for action (“Living well is the best revenge.”). He hadn’t realized how much he relied on negative feelings to make himself do things until he had lost them and he could see it by contrast. It took several days for him to adjust and find new ways to motivate himself.]

After using this process with many people, we found that some could still be triggered into negative, angry or evil feelings or actions at later times. It wasn’t because they hadn’t gotten the full Brain Light state – it was still stable and positive. Instead, we found that these people were unusually susceptible to the tribal block problem; their own good would be overridden, and they would be forced to feel and act in ways that were negative. These people needed to be treated separately for the biologically unrelated tribal block problem; or the particular traumas that were being triggered could be dealt with on a one-by-one basis. (The tribal block problem will be covered in depth in Volume 3.)

In this text, both the Brain Light and Creator Light states are sometimes referred to as Inner Brightness states, partly because of the problem that most people have of discriminating between them, since they both involve experiences of inner light, albeit of different kinds. The Brain Light state involves the triune brains and their choices for good or evil. When a brain has chosen good, some people can ‘see’ a diffuse, soft clear light inside their body in the location of that triune brain. By moving one’s CoA into that brain’s awareness region, one feels boundary-less and the region appears similar to sunshine, with a slight yellowish tinge. By contrast, the Creator Light state is a clear, white light that fills the entire body, and it is the state that gives the ability to regress at will to any time in one’s life.

### **What Exactly Are Good and Evil?**

What does it mean to choose evil? Empirically, we know that aggressive, angry feelings directed towards others are a direct reflection of the choice for evil, because these feelings are eliminated with our Brain Light state technique. In fact, how an underlying choice for evil is manifested depends on the triune brain that has activated it. Each of the brains manifests a choice for evil in different ways, depending on its essential biological nature and purpose. For example, the body brain, with its drive for survival, experiences evil as the intent that something should ‘not be’, or more accurately, should ‘never have existed’. For the heart, with its drive for connection, we have experiences of separation. The mind, with its drive to understand, experiences evil as limited awareness and ignorance.

### Example:

Stanislav Grof, in *The Cosmic Game* gives an example of the triune brain structure of good or evil in the ancient Indian concept of *sacchidananda*. This Sanskrit word contains three separate roots: *sat* for existence or being, *chit* as awareness, and *ananda* as bliss. This experience of a divine state of being is mirrored by a negative one: the negative body experience involves limited, non- or terminated existence; the negative heart experience is a block to the ecstatic divine pleasures resulting in painful emotions and physical sensations; and the negative mind experience involves limited awareness and ignorance, including ignorance about the metaphysical nature of existence. In his Holotropic work, Grof's clients encounter this negative side as either a purely abstract 'cosmic shadow' of ominous conscious energy, or as an anthropomorphic, universal 'dark god' which was sometimes experienced as Satan, Hades, Kali, or other similar entities from mythology.

However, this does not explain what evil actually is. Stanislav Grof in *The Cosmic Game* suggests that evil is the mechanism that the Creator uses to separate pieces of itself off from the whole in order to exist as separate awarenesses. We'd made the same assumption, based on experiencing that moment from the viewpoint of pure consciousness, but it wasn't correct – none of us realized that evil was a side effect of *physical* damage during creation and separation of the CoA bubbles that the grandmother's chakra was making inside itself. Now that we've demonstrated that evil can be entirely eliminated by healing this damage, it still doesn't explain why this event trauma manifests as evil in the first place, nor does it explain exactly what evil itself is. Or why it exists at all. Nor does it explain the existence of the hell realms. Nor does it explain why the Creator forces the brains to make the choice between good and evil during the birth event.

Grof also suggests that evil might exist as an intelligence in its own right. However, we haven't seen any evidence that there is an evil god or a Satan of any kind. We do know that the Creator is clearly neutral about good and evil. Paula writes: "When these evil sensations occurred in myself during regressions, it was reassuring to know that it was something that we ourselves have done, and not from some powerful outside force. It is an empowering experience to own these scary projections and realize that they can be healed like any other trauma." On the other hand, if people using breathwork (or similar) techniques encountered the underlying mechanism of the tribal block, they can encounter the sensation of a large, evil intelligence outside of themselves, albeit one that isn't 'spiritual' in the sense that Grof was suggesting. Worse, in some people this tribal block mechanism can override a person's innate good and push them into evil.

Sometimes looking at the opposite can bring clarity to a problem. Thus, what does it mean to choose good? (The word 'good' is probably not the best choice, but we use it because it is a common expression in our culture. It might

be more accurate to say ‘love’ rather than ‘good’, as many people who regress to the choice event describe it.) Clearly on a biological level it is a lack of separation trauma between our own CoA bubble material and that of our grandmothers’. However, this doesn’t really answer this very fundamental and interesting question, but just explains *why* it occurs.

### Example:

A woman writes: "After healing the bubble, for the first time I felt myself extending into something above me, and this *same* something also extended down into John's dog, into a bird scratching on the roof, and into John himself (so it probably was not my oversoul). I became, briefly and partially, the bird, the dog and John. All at the same time! It felt very nice. We're not supposed to separate after all.

"Although Creator is not in the least interested in good or evil, it *is* interested in unity of awareness. Evil is equivalent to believing that I am separate, which implies acting as if I was separate. So at the birth choice event, a bunch more Creator stuff comes in, and Creator is interested in knowing if we will consider ourselves separate, or one with Creator? This would explain the variety of different birth-choice experiences ("I wonder if that one will become aware"; "Is this one is capable of loving?").

### The ‘Loving-Kindness’ State

Every so often, I temporarily move into a state of consciousness that is completely different from any other I’ve ever experienced. In it, I feel like what we suppose Jesus Christ must have felt like. It’s a very distinct state of acceptance and love. Perhaps a better description is that one becomes love, or that one experiences extreme feelings of love, kindness and wisdom. When I was in the state, my whole being radiated this sensation. I still had a recognizable sense of self, although it was noticeably changed – I suspect that a person’s behavior would significantly alter if he acquired the state. Interestingly, it is qualitatively different from the Underlying Happiness state with its loving feeling. Originally, we’d chosen to call this ‘saint-like’ experience the Christ Consciousness state (from the already popular common usage). However, as this label is far too easy to misinterpret, we finally decided to describe it by the sensations that it gave, that of a profound ‘loving-kindness’. Although there is a Buddhist state with the same name, we hope that this is actually the same state that we’re experiencing so the label won’t cause confusion.

We originally believed that people would enter this state when all of their brains moved into an extreme choice for good. However, our experience with the Brain Light process disproved this idea, because even people who moved permanently to +100% levels of good do not achieve the Loving-Kindness state. This state appears to involve an extremely strong connection to the Creator (grandmother’s chakra), but oddly to only one ‘area’ of it. Perhaps another, better way to say it would be that the Loving-Kindness state is a direct connection from the Creator through us. As one person puts it, the difference

between the Loving-Kindness state and a normal Creator connection is like the difference between a high-speed and a dial-up internet connection. We should have this state nailed down by the next edition.

**Example:**

Nancy entered the Loving-Kindness state while healing events before the spiral developmental stage. She described it as giving the physical sensation that her body viscerally merged into the bodies of all the great spiritual teachers, like Jesus and Buddha. She described it as a loving kindness combined with feelings of extreme wisdom. Trying to find a label to the experience, she suggested calling it the ‘Holy One’ state.

**Evil Can Coexist With Peak States**

Can a person have a peak state and yet still choose evil? Unfortunately, as the material in this chapter implies, the answer is a definite “Yes!”

This is a surprise to many people, because it conflicts with unconscious cultural assumptions. In the West, our Christian cultural background associates ideas of exceptional states with people like Jesus or saints, who were by definition paragons of good. Thus, we automatically assume that evil and peak states cannot coexist; and that if a person with peak states acts badly, they must have somehow temporarily lost their states. Unfortunately, in general peak states and evil do co-exist (although the situation with triune brain states is not so straightforward – see the discussion in the next section). Using the ability to see brain awarenesses, we have found that many people with exceptional states of consciousness also have triune brains that chose evil. In objective reality, we’ve also seen active choices for evil in people with exceptionally good peak states. This has been observed in our experimental subjects, our teachers, and by other people observing spiritual teachers and shamans worldwide.

**Example:**

In a generational healing, a female colleague encountered a male ancestor who had participated in the decision to distribute smallpox-infected blankets to Native Americans, and who had injured another ancestor. His thinking and spiritual connection felt one-dimensional, and she tracked this back to feelings of being crushed during birth. After healing, he became bright inside and went into a peak state.

The woman checked back a few days later, as she wanted to be sure she’d healed all the trauma. She found the ancestor still lit up inside and in that same peak state, but he felt evil, scary and dangerous. Merging with him again, she found that instead of being connected to Gaia, he had retained an awareness of his mother, who felt extremely evil, and was mistaking this awareness for the planetary consciousness. To heal this, she expanded their combined awareness past the mother layer on his body and into Gaia, and the evil feeling disappeared.

Checking back later, she found that he had maintained his correct Gaia connection and remained healed.

Unfortunately, peak states in general don't automatically confer ethical behavior. However, there is at least one clear exception to this observation: the Beauty Way state. (This state is the result of head and heart brain fusion combined with a limited, Creator connection and a choice for the positive.) People in it know spiritual truths without having to be told and generally act on them. Their behavior could generally be considered exceptional, although in particular instances it might reflect unhealed trauma.

For a thorough discussion of this issue, which is often called “seeing the shadow” in spiritual teachers, we refer you to the literature listed at the end of this chapter. This phenomenon is definitely bad news and not something we’re very happy to have to report. In addition, we’ve seen great conflict in people observing a choice for evil in their teachers when the reality and their belief systems about so-called ‘evolved individuals’ and their behavior collide. I know I had a hard time accepting that such a thing was possible.

### *Triune Brain States and Evil*

Over the years, we’ve found empirically that some students won’t acquire triune brain fusion states if the brains involved are drastically split between good and evil. This means that the brains will merge (after healing trauma) if they are all near or on the ‘good’ side of the spectrum, *or* if they are all near or on the evil side of the spectrum. It is a lot like working with small children – the little ‘good’ kids will play together, and the little ‘bad’ kids will play together, but the two groups won’t intermingle. Some students find they can acquire a triune brain state, but will lose it if one of the brains involved is triggered into evil by outer circumstances.

Apparently, when one of the triune brains chooses evil, the revulsion the other brains feel towards the evil one throws them out of the fusion state. The converse also occurs – if one of the brains had chosen evil, it also pulls away from the good ones. In either case, it appears that the fusion states can change because the state is not yet completely trauma free, and so a splitting is still possible under some circumstances. We suspect that if the brains were fully trauma free, the good or evil issue would not affect fusion.

That evil brains would merge together surprised us, and leads to interesting questions: “When exceptionally evil brains fuse, do we get a ‘Darth Vader’ sort of person, an avatar of the dark side so popular in the movies?” The answer is clearly yes in shamanic cultures from around the world: there are many traditional stories of evil shamans who misuse their abilities.

### **Misuse of Peak States and Other Spiritual Abilities**

As a teacher, I have found that virtually all my students and colleagues, sooner or later, unconsciously misuse their shamanic or spiritual abilities. This is also a problem in the general population, but is of particular concern with

students who acquire powerful new peak states, because it can drastically increase their ability and ‘strength’ to act in dysfunctional ways. This is usually not the deliberate intention of the students – rather, it’s driven by their triune brains acting out early trauma, their choices for evil, the existence of multiple personalities and other factors (such as the tribal block described in Chapter 18). It is usually outside their awareness. This problem isn’t unique to our work – other well-known teachers such as Tom Brown, Jr. also speak about this problem. Traditional Buddhist teachings also warn of the seduction of *siddhis* (spiritual powers and abilities).

Acquiring peak states while keeping a choice for evil is a major and fundamental problem for two reasons. On a purely practical level, some state processes require that evil be dealt with before the student can acquire the target state. Others have also observed this – Dr. James Hardt has said that dealing with the issue of evil is necessary for at least some of his students using brain biofeedback for peak states. It is also clearly unethical to teach students how to acquire peak states while they are still motivated by evil. These considerations have led us to require that all our students heal the choice for evil as part of their training. Traditional spiritual practices also generally stress this requirement. In practice, we require students acquire at least +60% of the brain light state (on a scale from -100% to +100%) before we will teach them advanced techniques.

Now that we have a way to eliminate the choice for evil, we’re able to see that dysfunctional behaviors still occur. This shows that responses due to evil, and ones due to trauma-driven survival responses are separate problems. Generally, the misuse of abilities in my students is a defensive reaction, and once it’s pointed out to them, most work hard to eliminate it. We continue to look for more generic methods for eliminating this remaining issue.

## Key Points

- Evil can exist as a sensation unrelated to other human values, experiences, or feelings.
- There are many situations, albeit infrequent ones, where people can encounter evil.
- The spiritual emergency category of demonic possession is not directly related to this choice between good and evil, but rather involves shamanic soul stealing.
- Some people access hell realm experiences during the precoalescence sphincter developmental event.
- A choice between good and evil is required of each triune brain by the Creator just before the first contraction of birth.
- Only a small percentage of the general population have all their triune brains make the choice for good.
- It is very common for spiritual teachers and people in peak states to have chosen some degree of evil.

- A brain's choice for evil can limit or block triune brain fusion states.
- Evil can be eliminated in people by healing CoA bubble trauma in early development. We call the resulting state the Brain Light state.

## Suggested Reading and Websites

### On demonic possession

- Stanislav Grof and Christina Grof, eds. *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, Jeremy P. Tarcher, Inc., CA, 1989. The first and defining book in the field of spiritual emergency. Covers the category of demonic possession.
- Stanislav Grof, *The Adventure of Self-Discovery: Dimensions of Consciousness and New Perspectives in Psychotherapy and Inner Explorations*, State University of New York, NY, 1988. It contains an example of an encounter with possession during a client session.

### On soul stealing

- Sandra Ingerman, *Soul Retrieval: Mending the Fragmented Self Through Shamanic Practice*, HarperSanFrancisco, 1991. Probably the best book on the subject available, and very readable.
- Grant McFetridge and Mary Pellicer, M.D., *The Basic Whole-Hearted Healing™ Manual*, ISPS Press, 2004.
- Grant McFetridge, *Silence the Voices: From Mind Chatter to Schizophrenia* (forthcoming).

### Discussions on evil and the shadow

- Debbie Ford, *Dark Side of the Light Chasers: Reclaiming Your Power, Creativity, Brilliance, and Dreams*, Riverhead Trade, 1999.
- Stanislav Grof, *The Cosmic Game: Explorations of the Frontiers of Human Consciousness*, State University of New York, NY, 1998. Chapter 6 covers his experience with good and evil using Holotropic Breathwork with clients. It also has an excellent overview of spiritual states.
- W. Brugh Joy, *Avalanche: Heretical Reflections on the Dark and the Light*, Ballantine Books, NY, 1990. It describes his experience of incorporating the shadow into his awareness of himself.
- M. Scott Peck, *People of the Lie: The Hope for Healing Human Evil*, Simon and Shuster, Inc., NY, 1983. An excellent book that well covers the author's reluctance to talk about this subject in the public arena.
- Connie Zweig and Jeremiah Abrams, eds., *Meeting the Shadow: The Hidden Power of the Dark Side of Human Nature*, Jeremy P. Tarcher, CA, 1991. It has an excellent section on the shadow in various religious and spiritual groups.

## **Section 4**

### **Implications**

## Applying the Theory: An Overview of ISPS Peak State Techniques

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*"For a therapy technique, healing is the goal. For a peak state technique, healing is the tool."*

-Grant McFetridge

Having a model that explains peak states is irrelevant unless it can be reduced to practice. After all, how are you going to know if it is correct or not without testing it and its implications? And from a practical standpoint, to get other people to accept it requires applications that are easy to test, clear in results, and simple to apply.

For many years, the work we were doing was totally research oriented. I still can't get over how similar this work is to the state-of-the-art product development I used to do as an electrical engineer. In that discipline, you'd get an idea, then cobble up some hand-wired breadboard with all kinds of pieces and parts hanging off it, and try to prove that your idea was sound. The core team would hover over the breadboard with soldering irons ready to add another piece to the mess, and there would be wires strung to all kinds of measurement equipment scattered around it. Moments of elation would be followed by long periods of frustration, when the circuit would do something unexpected, or not work fully, or just quit working at all. Then we'd have to try and figure out if this was because the theory wasn't right, the design had problems, the breadboard was broken, or the measurement equipment wasn't good enough to see what we were trying to look at. This is the first step in the process. Once the core group had verified the basic principles, a team would be assembled to design and test the first prototype run. This process would be repeated, on average, through two more cycles of prototypes, each one getting closer to something that could be purchased by customers.

In the peak states project, our breadboard was our volunteer client, and the basic principle under test was the developmental events model. Our prototype

product was a process that therapists could use, even if it wasn't simple. My first prototype product came out of the tool I had developed to investigate peak states: the Whole-Hearted Healing™ regression therapy. Like that electronic breadboard I mentioned, this approach was crude and difficult to use, although with enough care and effort it could be made to work for most people.

In fact, the peak states project was much harder than a state-of-the-art electronics project. It took so many years to prove the basic theory that I couldn't keep people interested in continuing, as there wasn't good evidence that the research would even pay off. Other interests and family obligations would also cause people to move on. We had no money, so everyone who was involved had to do it in their spare time and pay their own way. We were doing work that challenged all of the dominant paradigms, so we got no reinforcement from anyone outside our group – in fact, we were criticized by friends and family for even considering this approach. Our test subjects would quickly hit something too hard for them to bear, or just wear out, and I'd have to start from scratch with new people. And finally, we would have to find very unusual people as test subjects with either good peak states or the luck to be able to use our patchy processes to get peak states.

The next breakthrough came in 1999. Dr. Perry and Dr. Green flew up from Utah to join Wes Gietz and I on our remote Hornby Island in Canada to do a week's worth of intensive investigation. During the week, as I was walking with Dr. Deola Perry, it suddenly occurred to me that I could probably use Gaia commands to target and heal particular developmental events. This meant that I could get just a few people 'up to speed' with the hard training, but their work could be used by many other people in much simpler processes. We verified the idea that winter on my Aunt Elaine, and over the next four years the process slowly got easier to use, as we started to fill in the missing developmental events and their Gaia commands. (For details of this discovery, see Chapter 17.)

In 2000 debts had mounted from the project, and I was forced to take a year to earn enough money as an engineering consultant to pay them off. Over the period from 2002 to 2004 I slowly worked out a new, relatively simple way to heal trauma, the Primary Cell Technique (PCT). This allowed people who could enter the right peak state to heal themselves and others with great ease, speed and simplicity. On the other hand, to give you an idea of how fast this process of developing new ideas can be, on the drive down to teach at our first peak states training in Oregon, Dr. Mary Pellicer came up with an idea that we used immediately on that class.

The next breakthrough in peak states was also at that workshop. At the end of the session, a student told me that what he really wanted was a personal experience of the Creator. For years I'd had the ability to temporarily induce peak states into other people at will, but it suddenly occurred to me that I should be able to hold him in the Creator Connection state while we used the powerful PCT to make his state stable. And it worked like a charm. Oddly, it was so natural to do that I didn't even realize for another month or two that I'd just

come up with a new way to give people peak states, one that I could teach to my colleagues.

In the spring of 2004, I first met Alexandre Nadeau when he flew out from Montreal to train with me for a week. He is a very practical innovator from the NLP tradition, and was looking for a simple way to make people feel better. Over discussions for the next couple of months, he got me through a blind spot I'd had – targeting specific peak states just wasn't important for most people. Folks just wanted to feel better. In September, on the drive to San Francisco to teach a class for the Learning Annex, it suddenly occurred to me that the model implied that we could turn peak experiences into peak states quite simply. Even though I wouldn't know which peak state it was, the client would – and he already knew he wanted it! The first process I came up with in 2004 wasn't very good – it wasn't until 2006 that Tal Laks came up with an elegantly simple way to do the task.

I'd like to make one last observation before I end. In engineering and some of the 'hard' sciences, we look to the latest inventions and discoveries so that we can push the state of the art further. No one quotes the original researchers in the discipline, because the material is obsolete. However, in most other fields that I can think of, the opposite is true – people quote past authorities and their work, with the implication that only the venerated, preferably dead authorities were real masters of the material. Please realize that this field is much more like engineering, and the techniques you have in your hand are just a snapshot of this rapidly changing and improving field. I hope that in years to come my underlying developmental events theory will still be valid and useful, in the same way that basic electronics theory is, but the applications should evolve, in the same way the personal computers have in the past 20 years. I fully expect that this chapter will be obsolete in less than five years as new innovations and innovators appear.

## Chapter Overview

In this chapter, I describe the current approaches we've developed to turn theory into practice and actually implement the unblocking peak states model. Because we use trauma healing to acquire peak states, I start with a brief description of commonly available therapy techniques currently used for this work. New techniques that I have developed specifically for the peak states work and for investigating and healing serious illnesses are also briefly discussed (and explained in detail in Volume 3).

Our processes start with a simple way to turn peak experiences into peak states. Although it is a very important technique for clients who just want to feel better, this technique needs the client to have felt the peak state's sensations at some time in the past. The more complex 'trune brain therapy' approach is both more effective and can be used to give some peak states that the client has never felt before.

To acquire specifically targeted peak states, I first describe our original simple regression approach (WHH) that we used to derive the developmental

events model. The next advance was the faster, easier and more effective ‘Gaia command’ approach described in the next chapter. Our latest breakthrough is the ‘direct induction’ approach. It is a major milestone for our work – therapists trained in it can now induce targeted, stable peak states in clients quickly, easily, and reliably without any need for the client to participate in the process.

The different approaches have different tradeoffs, such as effectiveness, ease, appropriateness for individual or group settings, and required training. The tradeoffs are listed for each approach, letting the therapist choose the best approach for his particular circumstances. For the detailed instructions I refer you to our in-class *Basic Peak States Therapist’s Manual*.

### ***Relevant processes***

- Laks Peak Experience to State Technique™
- Temporary Peak States Using Triune Brain Therapy™
- Permanent Peak States Using Triune Brain Therapy™
- Phrase Regression Technique™
- Peak State Induction™

### **Trauma Healing Techniques for Peak States**

The primary method that we use to restore peak states involves healing perinatal and earlier trauma. Some of these traumas, once activated into awareness, can be excruciatingly painful and emotionally overwhelming. In years past, this would have been a *very* bad approach to use to try and get peak states, because methods to heal these traumas were relatively useless. You would have been able to stimulate the problem in a client, but not do anything about it! With the advent of a variety of effective trauma-healing approaches in recent years, healing trauma to unblock peak states is now a viable option. However, this doesn’t mean that there aren’t still problems to address with this approach.

I have assumed in this textbook that you are a therapist who is already familiar with the latest work on post-traumatic stress disorder (PTSD) and trauma healing techniques, and the problems you can encounter in the work. Each technique is different, and different issues apply. However, for laypeople reading this, or professionals who haven’t been trained in these areas, I’ll just mention some of the tradeoffs in general terms.

You should realize that for any given person, and for any given trauma, one or another of the possible techniques may be optimal. If one technique doesn’t work, then switching to another will usually do the trick. That’s why I recommend knowing a number of the trauma-healing therapies. Note that different therapies may take advantage of very different underlying principles and phenomena to get their effect. Thus, it’s not enough to know several variations on just one *type* of therapy, say for example meridian or energy therapies. Instead, it’s important to know therapies from *each* of the major approaches. If you are a client working with a therapist who has a favorite trauma healing process, that’s fine, but make sure that he also knows several different power therapies as a backup before you work with him.

In summary, there are many trauma-healing techniques available now, but their effectiveness can vary from fast and relatively painless to slow and painful, depending on the client or the particular trauma. Worse yet, you may activate a trauma that you can't heal with the techniques you have available. In that case, your client will walk out of the session with some new physical and/or emotional problem that could range from mild discomfort to an almost total loss of the ability to work and function. Fortunately, even if you do nothing, in most cases the uncovered trauma fades in minutes to hours. It rarely persists into the next day. However, in rare cases the trauma pain *can* remain for long periods of time if you do nothing. Given this, as a therapist you must inform your client of these possibilities, and obtain their informed consent and written liability agreements ahead of time.

### *Power Therapies for Trauma Healing (Average Consciousness Techniques)*

Clearly, given that our peak state approach addresses traumas, as therapists we have an ethical (and very practical) requirement to employ the absolute best healing techniques possible. Fortunately, in the 1990s a variety of very powerful and effective trauma therapies (called 'power' therapies) became available. In Volume I I gave a list of these therapies, and for your convenience I've listed them again in this section, with some of the pros and cons. If you or your therapist use one that isn't on the list, be sure that it can fully and completely heal trauma (i.e., no symptoms remain or return). A therapy that only gives partial results will, in most cases, not successfully give a peak state to a client.

- Dissociation therapies (WHH, VKD, TIR):
  - Whole-Hearted Healing (WHH), which I developed, is a regression process that reverses dissociation (the out-of-body experience) to heal trauma. It is particularly useful for prenatal trauma. All of my students learn it because it is well suited to peak states work and research. However, it is slow and painful enough that I don't recommend it for people who are only trying to get a peak state.
  - Traumatic Incident Reduction (TIR) also uses regression, and is usually slower. TIR and WHH are probably the most painful of the power therapies. However, the practitioners of TIR are generally well trained and have other support techniques available to them.
  - Visual Kinesthetic Disassociation (VKD) substitutes a positive feeling for a negative one during trauma. As of this writing, we haven't tested it to see if it works for acquiring peak states.
- Meridian (energy) therapies (TFT, EFT, BSFF, TAT are the best known examples): They work well and are usually the most rapid of the power therapies, and they generally cause the least amount of pain. However, the effects of meridian therapies are reversible if the specific healing is not fully completed, and currently this problem is not well known among therapists.

- TAT is usually classified an energy therapy, but it appears to work on somewhat different principles than other meridian therapies.
- Brain integration therapies (EMDR, RET): The techniques use alternating left/right stimulation and usually regression. They evoke painful feelings and sensations like WHH, but can usually heal them somewhat more quickly.
- Body-centered therapies: Generally, these techniques only act as a support to one or another of the power therapies, but it is possible that some might work in our application. For example, although we haven't tested Somatic Experiencing Therapy for peak states work, it is used in the field of trauma healing. Breathwork therapies are in this category, but because they don't target specific traumas well, they are not directly suited for peak states work.
- Primary Cell-based therapies: Rapid Whole-Hearted Healing™ (rWHH). Tal Laks first came up with the insight leading to this technique, that bridges simple regression therapies like WHH with an understanding of how trauma is held in the primary cell. It can be used by almost anyone, and does not require special states of consciousness. It is far faster than the basic WHH, does not require going in-body, and intrinsically locates the core trauma in a trauma sequence.

New therapies and variations on old ones are springing up all the time. Be aware that the field is rapidly changing and evolving, so I recommend that you 'shop around' for the latest in this field. Web addresses and bibliographies for power therapies are given at the end of this chapter and on our [www.PeakStates.com](http://www.PeakStates.com) website.

#### *ISPS 'State-Dependent' Trauma Healing Techniques*

I originally derived the developmental events model using my own WHH technique. When the power therapies first became available, I tested them in my peak states processes and found that they had some advantages and some disadvantages over my own WHH. However, I was still dissatisfied with *every* technique's speed, ease, and reliability for this application. I also had other requirements for my research and healing projects: I needed a better way to study disease processes in clients; and I needed a way to heal clients who couldn't use existing techniques on themselves. For example, many people with schizophrenia or autism clearly couldn't use existing techniques.

To address these problems, I developed new techniques of a radically different type. These techniques required the therapist to have certain peak states to make them work. This type of process I call a 'state-dependent' technique. For example, shamanic and psychic techniques are generally state dependent. Obviously, mastering the relevant states and their applications is a big hurdle for the therapist, but my new processes have certain dramatic advantages that make the effort worthwhile.

- Advanced Whole-Hearted Healing (aWHH): It takes the WHH process and adds the ability to merge consciousnesses. This allows the therapist to ‘see’ into a client’s past as if he were recalling his own past, and to heal the client just as if the therapist were the client themselves, without any verbal or other visible interventions to the client. When the therapist also has the Creator Light state, he can also regress anywhere in the client’s past at will. Obviously, this process is *far* outside our cultural beliefs about what is possible.
- Primary Cell Technique™ (PCT): This one is totally different from *any* therapy I know of. It requires the Primary Cell state. This allows one to see trauma as an artifact of inhibited genes and frozen ribosomes in the ‘primary cell’ of the body, as well as a host of other problems. This technique allows us to heal trauma quickly and painlessly. It also allows the therapist to heal the client without any client involvement. For our work, PCT in combination with aWHH is clearly optimum.

Volume 3 goes into these techniques and their tradeoffs in depth.

Interestingly, in a 1972 article in *Science*, Dr. Charles Tart theorized that the state dependent approach might be possible, and called it a ‘state-specific science’ (SSS). Remarkably, although he assumed the states would be acquired through the use of the various meditative, sensory, or drug techniques available at the time, his article anticipated many of the problems we actually encountered using our peak states approach.

### **Definition: State-dependent techniques**

State-dependent techniques require the practitioner to have one or more peak states of consciousness. Without the states, the techniques cannot be used. State-dependent techniques, especially ones for healing, are usually far more effective and efficient than ones that can be done from ordinary consciousness.

### **Implementing the Model: ISPS Peak State Techniques**

Chapter 2 outlines the developmental events model that explains what peak states are and what blocks them in the average person. As you’ve read, healing key developmental events gives clients (or ourselves) peak states. Clearly, although it is conceptually simple, actually doing this is far more complex. So what can we expect as clinicians or clients who want to do this? The answer depends on which approach we use and what we’re trying to accomplish.

#### *The Simple Regression Approach*

Our first method for acquiring targeted peak states was to use straightforward regression to key developmental events, and then heal any trauma we found there. This was the focus of our peak states technique for triune brain fusion states given in Volume 1. This approach does work, and all of our initial progress was made this way.

Originally, my Whole-Hearted Healing (WHH) technique was our primary tool for doing both the regression and the trauma healing. However, it required training, effort, time, some luck, and a high tolerance for suffering to successfully get peak states. Worse, to get a client to the right developmental moment was a huge problem. Later I was able to greatly increase the success of this approach by having therapists or clients who had or could acquire the Creator Light state of consciousness. That state allows one to regress at will into pre-birth trauma, without needing the person to start from an issue or problem in the present.

When other power therapies appeared, I developed hybrid processes that used WHH regression with meridian therapies like EFT, to minimize pain and increase speed. This had both advantages and drawbacks, which are covered in *The Basic Whole-Hearted Healing™ Manual*.

We also experimented with other techniques to aid in the regression, such as with hypnosis and Dr. Win Wenger's Image Streaming technique. I wouldn't be surprised if other technique developers with different backgrounds and different techniques might not dramatically improve on this approach.

The advantages of the simple regression approach are:

- Therapists trained in prenatal regression and power therapies could use this approach with very little training and with existing therapies;
- Trained therapists could get a state by simply reading a book that described the relevant key developmental events;
- It can be used from average consciousness;
- It demonstrates the accuracy of our model.

This method also had severe drawbacks:

- All of the key developmental events for each peak state aren't yet known;
- Having clients find the key events in the past can be very difficult;
- Healing the events completely, a required step, is difficult;
- Only seriously dedicated people with significant free time can use the techniques;
- It requires trained facilitators;
- Clients require tremendous amounts of training just to use the process;
- Potentially dangerous traumas can be activated;
- The trauma-healing techniques are typically painful and slow (depending on the choice of healing technique used).
- The client can sometimes unconsciously block the process.

It definitely was *not* a process for the general public. But it is extremely useful as a research tool in exploring the developmental events for peak states. In spite of its drawbacks, I still teach this approach and its variations to my students because it is so useful for finding new states and making new discoveries. It's also extremely important to know because they sometimes have to fall back on it when they have particularly difficult state blocks or issues to heal in clients or themselves.

### **The Key Feeling Approach – The Laks Peak Experience to State Technique™**

Virtually every one of the people who come to my talks or workshops has had at least one peak experience, and often several of different kinds. They usually don't realize that these experiences are something that they can have permanently! I also see in each of my workshops at least one or two people who have lost long-term peak states. When teaching this material to clients, you will find that you will have to explicitly tell them that it is possible to recover those states. I've found that even after reading and taking classes in this work, most people still don't grasp the connection between reactivated trauma and their own circumstances. Often this is due to unconscious beliefs blocking their understanding of our new paradigm.

Fortunately, our model, that traumas blocks peak states, has a very important implication: reactivated traumas are what keeps a peak experience from becoming a peak state. For whatever reason (spiritual practices, psychological healing, visiting a place of natural beauty, etc.), the client once had a brief period when he 'turned off' the traumas that suppressed a peak state. Of course, most people then immediately turn the traumas right back on again, blocking the state. This 'activation of trauma' mechanism also causes most people to lose their longer-duration peak states.

From a clinical standpoint, this implication is incredibly good news for people who want to regain the peak experience or state that they've lost. Why? First, the clients already recognized the value and worth of their peak experiences to their life and health, and are more than willing to work to get it back. Secondly, since the clients were able to access the state at all, it means, for most clients, that their blocks are limited to just a few, usually mild traumas. Third, many of the potential adjustment problems (covered in Chapter 19) won't usually be an issue, since the client is already somewhat used to the state – removing the traumas permanently is unlikely to destabilize major internal defenses and compensations.

Thus, the simple model described in Chapter 2 can be immediately applied in the very straightforward 'key feeling' approach, which we call the Laks Peak Experience to State Technique™. The client focuses on the positive feeling that he is trying to regain. One simple way to do this is to have him recall a moment when he had the experience or state. Interestingly, roughly two thirds of the people we tested can evoke the peak experience sensation they had by just doing this, although more work is needed to stabilize it without relying on this aid. I then have them heal, using a meridian or other trauma therapy, both the positive and negative sensations they feel as they try to re-experience what they had at that moment.

This simple process for recovering peak states is remarkably successful with our clients, and even with the very limited time we have in workshop settings. However, I can't stress enough that you also need to read Chapter 19 about the possible states you might activate and the potential problems you can have. For ethical and legal reasons you must discuss these issues with your clients *before* starting on the process, and have supervised training in the use of the technique.

To summarize, the advantages of the key feeling approach are:

- The client already knows the state and also knows that he wants it back.
- It is an easy process to use.
- The client and therapist need only to know EFT or an equivalent therapy for good results.
- Most clients can expect immediate change, which usually stabilizes within 2 or 3 more sessions.
- It can be done in a group setting (although some individuals will need personal attention after the process).

The disadvantages are:

- The process usually has to be done an average of three times.
- Potentially painful traumas can come up between sessions as new blocks to a state surface.
- Adjustment problems, especially involving friends and family, can occur as the person gets used to living in the new way.
- The client can't acquire states that he hasn't already consciously experienced.

This approach is the simplest and optimum for people who just want to feel good. However, this section only gives a general description of the technique, and results using it would only be partial – therapists need more training for a better success rate.

#### *Triune Brain Therapy™ Approach*

The next approach, triune brain therapy, is based on the material in Chapter 3. It is more powerful than the Laks technique but also is somewhat more difficult to use. It uses the principle that the triune brains are a 'framework' on which everything else is built. Accessing their individual resistances to a given peak state and then healing them is all that is required for most clients to regain peak states (or heal trauma in general). In workshops, by the time we introduce this approach, students have become so aware of the wide range of problems that triune brains can cause, and accustomed to working with the brains, that to make it more fun I'll often start the procedure by telling them, "OK, round up the usual suspects!"

For people who can use this approach it is often the fastest and simplest of the peak state processes I've developed. Interestingly, for most clients it is simple to temporarily release the brains' resistances, allowing them to have a short-term opportunity to 'test out' a peak state. Of course, to make the state permanent the resistances that the triune brains hold still have to be healed, but a variety of standard healing techniques can do that fairly easily.

This approach is much more effective than the previous technique because it allows the client to find any subtle holdouts that were not obvious from a simple overview perspective. This can be absolutely vital for some states, such as the God/Goddess state that depend on having every brain experience the sensations without resistance. This approach is also more powerful than the simple Laks technique given above because it can sometimes be used to acquire a state that

the client has never felt before – although this requires some clever tricks to help the client identify what he's supposed to be doing. This approach can be used to give a client triune brain fusion states if he can be taught to sense the brains' resistances to merging. The Sacred Being state process mentioned in a previous chapter, where the client is directed to sense the core pain that the triune brains are holding, is another application of this approach.

This approach also has disadvantages. First, the client has to be taught how to sense and identify the triune brains' resistances to a state. This isn't obvious to many people, and so takes time to learn, if they can learn it at all. Second, this approach also usually involves voluntary movement of the CoA, which some clients find difficult or even impossible to do without detours into healing this problem. Third, it can't easily be used to acquire most 'targeted' peak states because most clients can't identify what they are supposed to be sensing or doing.

Summarizing, the advantages of the triune brain therapy approach are:

- It works better than the simple key-feeling approach;
- It can be used to acquire *some* targeted peak states;
- It is useful for healing traumas;
- It gives states without needing to know what the blocks were;
- It can be used to give clients a temporary peak state.

The disadvantages are:

- It is hard to get clients aware of their triune brains resistance;
- It can't *easily* be used to acquire targeted peak states;
- It still needs to be used multiple times to stabilize a state;
- It can't be used in a group setting.

This approach is extremely useful for a large variety of states, and is optimum for people who can't use the simpler approach.

### *The Phrase Regression Technique™.*

The second regression approach we developed in 1999 solved the difficult problem of getting people regressed to specific developmental events. It uses 'Gaia commands' to bypass or minimize the need to consciously do regression (described in detail in Chapter 17). Processes using this approach use predetermined Gaia commands from key developmental events to trigger traumas that block targeted peak states. Once the trauma is triggered, any therapy can be used to heal the trauma. The Inner Peace Process in Volume 1 is an example of this approach.

The Gaia phrase regression approach has several advantages:

- This approach works for a much larger percentage of the population;
- It is suitable for virtually any power therapy; meridian therapies like EFT are ideal.
- Therapists trained in power therapies need little additional training;
- A motivated layperson can gain a state by following instructions in a book or video;
- It can be done from average consciousness;

- Clients seldom find that they unconsciously block the process by avoiding issues, as they sometimes do with just regression alone;
- It usually doesn't need to be done multiple times; if the events are healed fully, the state is usually stable (assuming that we've already found all of the relevant events, of course).

There are still drawbacks to this approach:

- All of the key developmental events and their Gaia command aren't yet known for each peak state;
- This approach is still relatively slow, and the amount of time needed is unpredictable;
- It is still potentially painful;
- Clients can have difficulty in healing all of the trauma in an event, and so don't get stable states;
- It requires researchers in exceptional peak states to derive the key steps and Gaia commands.

The *Basic Peak States Therapist's Manual* has a number of key Gaia commands for particular peak states identified. This approach is optimum for targeted peak states for people who are working out of a book.

#### *The Peak State Induction "Approach*

Our newest method is radically different. In it, the therapist directly induces a peak state into the client by 'merging' with them in a particular way. This stimulates the clients' resistance to the state, and then they can use a healing process like EFT on themselves, or the therapist can use aWHH or PCT for them. This latter approach is particularly useful for therapists, because traumas can be healed *without* any participation on the clients' part. (Note that aWHH or PCT can also be used in any peak state process that uses trauma healing.) This method greatly simplifies giving people targeted peak states. It moves this work out of the laboratory and into the lives of average people, who don't need any training for the method to work on them.

This approach is optimum for clients who just want a targeted peak state without any effort on their part. However, we've found empirically that most clients don't want the states that the therapist has and can give, regardless of what they believe ahead of time. They are usually unsatisfied with any targeted peak state. Instead, the therapist needs to determine what state the client really is searching for, often a state that the therapist doesn't have himself. Thus, direct induction turns out to be more useful with our students so we can give them the states needed for advanced healing techniques.

The advantages of the direct induction approach are:

- The therapist can choose any desired peak state for the client (if it is one the therapist has himself);
- The client will usually get the full state if the therapist has it himself;
- We can know that the client has gotten the fullest possible state;
- It requires absolutely no effort or training on the part of the client;
- It is relatively fast (one to five sessions);

- Therapists who do it can offer guaranteed results to their clients, because it usually works and all the parameters are under the therapist's control;
- In theory, we can verify and guarantee quality control and so can certify practitioners.

The drawbacks to this approach are:

- It requires a very different kind of training for the therapist, training he didn't get in school;
- The therapist has to master two fairly radical state-dependent techniques (this means he has to have certain peak states himself, and have training in how to use them);
- The therapist must also have the peak state that he wants to give to the client – this process is only good for targeted peak states and not for turning arbitrary peak experiences into peak states.
- The process usually needs to be repeated two to four times before the state remains stable.

### New Techniques

Over the last five years, our methods have gotten simpler and faster. This progression is very similar to how computers have developed over the years, and as with computers, I expect that in the next five years we will develop even better techniques.

As I mentioned in Chapter 4, another fascinating possibility for recovering peak states exists. The primary cell model implies that it is possible to dissolve all past gene-based traumas simultaneously. Our tests have verified that this is indeed possible, but have also shown us that dangerous problems can arise. In the first version of our technique, the body, in an attempt to maintain homeostasis, overcompensated for the changes in the primary cell and caused life-threatening problems to abruptly occur. Our current technique is intrinsically safer, and in our limited testing so far has a minimum of adjustment problems. As testing progresses, we'll also be able to see how many peak states are inhibited by dysfunctional genes, and how many are blocked by other mechanisms.

### DANGER

*It is possible to heal all a person's traumas at once, but this can trigger a very fast and unintentionally injuring or life-threatening response by the triune brains.*

### Non- ISPS Approaches to Peak States

Other approaches for temporarily or continuously having peak states exist. In Volume 1, I outlined all of the newest generation of approaches and effective techniques that we've found for getting peak states. Most of them work by exploiting ways around or through the trauma blocks that I've written about in Chapter 2, or target them for healing in other extremely clever and effective

ways. New approaches, using different insights and techniques continue to appear in this fast-growing field. We continue to look for and test them, and plan on keeping Volume I updated with these latest approaches.

## Key Points

- There are many trauma-healing processes now available that can be used to heal the traumas that block peak states.
- It is generally simpler to recover lost peak states or change momentary past peak experiences into stable peak states than it is to get totally unfamiliar states.
- As a rule of thumb, recovering lost peak states or stabilizing momentary peak experiences should be done *first*, before acquiring new states, especially the ones described in this volume. However, problems can still arise, especially if the 'lost experience was too brief for the client to have become fully accustomed to it.
- Clients are generally unsatisfied with acquiring peak states chosen from a list. Instead, they are usually satisfied only with states that they've already had as brief peak experiences.
- The ISPS has developed five main approaches for peak states: simple regression (optimum for research); turning peak experiences into peak states by using a key feeling (the simplest approach and optimum for clients who just want to feel better); using triune brain therapy (optimum for clients who can't use the simpler approach); the regression phrase approach (good for clients who want particular states, and can be used by conventionally trained therapists); and direct induction (optimum for clients who want particular states without any effort on their part, but it requires highly trained therapists).

## Suggested Reading and Websites

### Effective trauma therapies useful for peak states work

- Gary Craig, *Emotional Freedom Technique: The Doorway to the New Healing Highrise: The Manual* (third edition), 1999. See [www.emofree.com](http://www.emofree.com) for a copy.
- Tapas Fleming, *You Can Heal Now: The Tapas Acupressure Technique*, 1999, Tat Intl. See [www.tat-intl.com](http://www.tat-intl.com) for more information.
- Gerald French and Chrys Harris, *Traumatic Incident Reduction (TIR)*, CRC Press, 1999.
- Dr. Peter Levine, *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*, 1997, North Atlantic Books. See [www.traumahealing.com](http://www.traumahealing.com) for more information.

- Grant McFetridge and Mary Pellicer, M.D., *The Basic Whole-Hearted Healing™ Manual* (3rd edition), 2004, ISPS Press.
- Francis Shapiro and Margot Forrest, *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma*, Basic Books, 1998.

### Regression techniques and therapies

- Gerald French and Chrys Harris, *Traumatic Incident Reduction (TIR)*, CRC Press, 1999. See also the website [www.tir.org](http://www.tir.org).
- Tad James, *Timeline Therapy and the Basis of Personality*, Meta Publications, 1988.
- Winfred Blake Lucas, *Regression Therapy; A Handbook for Professionals, Vol. 2: Special Instances of Altered State Work*, Deep Forest Press, 1993.
- Grant McFetridge and Mary Pellicer, MD, *The Basic Whole-Hearted Healing™ Manual*, 3rd edition, The Institute for the Study of Peak States Press, 2003.
- Francis Shapiro and Margot Forrest, *EMDR: The Breakthrough Therapy*, HarperCollins, 1997. See also the website [www.emdr.org](http://www.emdr.org).
- Win Wenger, PhD, *A Method For Personal Growth and Development*, 3rd edition, Gaithersburg, MD: Project Renaissance, 1991.

### State-dependent techniques

- Charles Tart, “States of consciousness and state-specific sciences”, *Science*, Vol. 176, pgs. 1203-1210, 1972. His article accurately predicted many of the problems we encountered in developing our state-dependent techniques. It can also be found at [www.paradigm-sys.com/ctt\\_articles2.cfm?id=53](http://www.paradigm-sys.com/ctt_articles2.cfm?id=53)
- Charles Tart, *States of Consciousness*, E. P. Dutton & Co, Inc., 1975. Chapter 16 covers ‘state-specific sciences’.

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### Acquiring Peak States Using Gaia Commands

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It was the fall of 1998. For many months, I'd been struggling with the key problem of how to get people to targeted prenatal events. We'd already demonstrated to our own satisfaction that prenatal developmental event traumas blocked peak states. However, our methods took a huge amount of time and effort even for my skilled and motivated colleagues (or 'lab rats' as they jokingly called themselves). Worse, they were only able to regress successfully because they were already in the Creator Light state themselves, and so could recall the targeted events at will. Clearly, my approach would not be useful for the general public or even other professionals in the field, unless they already had the Creator Light state or were very lucky or were skilled in regression.

Dr. Marie Green and Dr. Deola Perry flew in from the US to meet Wes Gietz and me on Hornby Island in British Columbia, Canada, for a week's hard work. During a break, I was walking in the rain with Dr. Perry to give her support while she went through very strong feelings that had come up as a result of our regression work that morning. I was puzzling about how to regress to target events, when suddenly a possible solution popped into my mind. It had occurred to me that we might be able to use the Gaia commands from a developmental event to take a person to that particular moment without needing to consciously regress them! The idea was like a puzzle piece that simultaneously fit into another piece involving meridian therapies.

Most therapists don't realize that meridian therapies work by healing traumas because that approach uses a mechanism that bypasses normal regression. So I then speculated that EFT, in combination with a Gaia command as a trigger to the traumatic content, would allow specific developmental traumas to be healed without needing any conscious regression. If so, this would be a major improvement over our current simple regression process.

A month or so later in Arizona, I had a chance to test this theory on my aunt Elaine Downey. We decided to try it by giving her the Inner Peace state. I had

her repeat what I hypothesized was the most important of the Gaia messages from conception, "Join forces in glory", while I did EFT on her. We were getting results, the emotions around the traumas were surfacing and we'd tap them away, when I thought to make the process more efficient by including music that was similar to the 'spiritual' music that occurs during each developmental event. So we got out Beethoven's Fifth Symphony, played it while Elaine repeated the phrase, and I did the tapping on her. I expected the process to work, but I was completely surprised that it worked so quickly! In fact, the process worked almost too well – Elaine was astonished when it felt like her body vanished inside her skin. We'd overshot Inner Peace and moved her right into the much more complete Hollow state. Elaine had always had the Underlying Happiness state, but it never occurred to any of us that this single Gaia command was the only one that was giving her any trouble.

We continued to try this process on whomever we could. I'd hoped to be able to induce the full Beauty Way state in our volunteers, but so far I was only getting the Inner Peace state. Still, having our client's past emotional material all vanish simultaneously was a good demonstration of the process and I was satisfied with this first step. A bit later, I was asked to teach at the Ozark Research Institute, and decided that the students there would make ideal test subjects. This would be the first large-scale test of the method, and I was concerned about triggering problems in them that I'd not anticipated. I was especially worried about inducing suicidal feelings, as the developmental moment I was shooting for was very close to sperm death trauma. So I explained my concerns to the students, and had those who were willing to run the process on themselves sign a non-disclosure and liability form. To my surprise, this created quite a stir and turned out to be very controversial among the participants. During 5 days I ran a hundred people through a process that involved using several of the Gaia commands from conception. I got about a 33% success rate as measured by their past traumas no longer having any emotional content. This performance wasn't great, but it wasn't bad either.

Dr. Mary Pellicer started to use the Inner Peace process on her clients, and made another key discovery – we hadn't been going long enough on the one command that made a difference. As she played with it, she managed to get the success rate up to about 55%, although we still didn't have data on the long-term stability percentages. Eventually, we'd run enough people through this process that we concluded it was safe, and told our workshop volunteers that the confidentiality of the process was no longer required. A couple of years later, I made a training video on this very simple process.

We later added particular body postures for some developmental events to enhance the process. Although this was already being used in prenatal regression, I actually got the idea from my own shamanic background. Years earlier, I'd attended several of Ruth Heinz's annual conferences on shamanism in San Rafael, California. Felicitas Goodman was just developing her ideas on shamanic body postures, and she shared them with us there. Her process involved drumming while the attendees would hold the particular posture, giving

various degrees of identical shamanic experiences. Based on my own work, I speculated that the body postures were effective because they duplicated the sensations that occurred during key gateway developmental events.

During this period in our workshops, we started to experiment with using multiple developmental event commands to give the Hollow and other states. Although I wasn't satisfied that we'd identified enough of the key commands, we still found about 20% of our participants would go into the Hollow state or better. It was a very heady time for us, as we made breakthrough after breakthrough in a short nine-month period. It looked like the basic theory was being vindicated, although I was aware that there must still be something important that I was missing, since this process had no effect on me.

Although I developed this approach for acquiring peak states, it was clear that I could use this for any developmental stage trauma that causes a problem later in life. For example, we suspect that autism is the result of a particular developmental trauma triggered postnatally, and we're experimenting with using Gaia commands to reverse the problem. Another use of this approach is to ask Gaia directly what Gaia commands the client is stuck on, and then use EFT to eliminate those traumas. We used that trick when doing peak state inductions on training groups. When a client would get stuck using the fast peak state induction process given in this chapter, Dr. Perry would ask Gaia what command they were stuck on that wasn't in the basic procedure. Unfortunately, this only worked if she wasn't also stuck on this command herself. If she was, she couldn't 'hear' the command.

In talks and conferences I'm continually amazed at how many people just assume that techniques in this field arise as if by magic – effortlessly, instantaneously, and completely. I hope that this story has given you a better feel for just how many people and how much work it took during the seven-year period to generate the Gaia command material in this book.

## Chapter Overview

The field of prenatal psychology has been terribly handicapped for decades by an inability to easily or reliably regress people to targeted developmental events. With the introduction of our Gaia command approach described in this chapter, this major limitation has now been overcome, and the untapped potential of this field can finally be developed.

In this chapter we'll be applying the theoretical knowledge about Gaia commands from Chapter 10 to understand how to create processes for acquiring targeted peak states by healing developmental event traumas. This Gaia command approach is designed to give selected stable peak states to members of the general population far more quickly and easily than with straightforward regression techniques. With properly trained therapists, many of these processes can be done with clients individually or in group settings. This material is trademarked under the name of Phrase Regression Technique™.

This approach is experimental and is *not* to be used by the general public for self-help. Power therapy training and understanding of prenatal trauma is

required to use these processes safely. Details in our work are taught in class settings where we can monitor for typical or unexpected problems. This textbook is primarily for my students, but I have provided the description of our work in this volume to encourage other investigators to come up with better methods, or to be in a position to understand and improve the ones that we've developed.

The applications of Gaia commands for healing are not limited to peak states and abilities – there are many disease processes that are due to trauma at certain developmental events. We continue to find new ones, but I mention two major diseases that we've already gotten very good results with – schizophrenia and autism.

This approach can also be applied to other situations, such as acquiring peak abilities. We cover specific peak abilities in Volume 3.

#### *Relevant processes*

- Phrase Regression Technique™

#### **The Problems with Regression**

Although the developmental events model for peak states is quite simple to understand, actually applying the model to acquire peak states is not so easy using standard regression techniques. The model implies that all one has to do is to regress to the specified prenatal events and heal all trauma at those moments to get a particular peak state – which can be done, but not easily or reliably. The major problems of simple regression are:

- Many people can't regress to prenatal events.
- Even when people do regress to the correct developmental stage, they often unconsciously avoid moments of intense trauma, which frequently are the very moments that are key to a peak state.
- The processes require a trained facilitator, and usually a trained client, and thus the processes can't be done from a book.
- The processes can't be done on a group.
- In general, the processes are very time consuming.

The problem is compounded by many of the therapies that people use to heal the prenatal and perinatal traumas:

- Many therapies don't completely heal traumas, which means they either can't be used to give a peak state, or at best can only give a partial one.
- It can take an immense amount of time to heal a trauma, limiting the process to a very few people with a lot of time and money.
- The healing techniques often take a lot of training for the therapist and the client to master.

These problems limit the usefulness of the simple regression approach to long one-on-one therapy sessions with dedicated, trained therapists, and the likelihood of success for members of the general population is therefore small. (Note that I'm addressing those peak states that the clients do not recognize from their own experience. Most clients who have had a peak experience can use other approaches that turn it into a peak state quite quickly and successfully.)

## Using Gaia Commands to Trigger Developmental Event Traumas

Fortunately, we've figured out an alternative to straightforward regression so we can apply our underlying developmental events model. It uses a trick to stimulate the trauma from the *exact* moment that we need to heal, without the need for conscious regression. I want to emphasize this last point – using normal regression therapies to go to a prenatal developmental event doesn't guarantee that the critical moment will be relived. All too often the client will 'blank out' and skip over key moments if the trauma is too severe for them to face.

The trick is quite simple. We have the client continuously repeat *out loud* the Gaia command that occurred during the target moment in the developmental event we want to heal. (Alternately, having someone else say the commands, or play them from a recording, appears to work equally well. Occasionally, we see a slightly better result when the client chants them in rhythm with other voices (live or taped), which simulates the 'sound' of Gaia speaking.) As the client repeats the command, any trauma that occurred at that moment emerges into his body and hence to conscious awareness in the present, without any conscious regression to the past experience. Some people are aware that they regress, but for the most part clients simply report that traumatic sensations start showing up in their bodies for no apparent reason.

Of course, this means that somebody has to have previously found out what the right Gaia commands were. Fortunately, these commands are the same for everyone, so once they're discovered and tested no more work needs to be done. Thus, it takes highly trained and motivated researchers to work out the right commands, but after that anyone can use them. Conceptually, it is similar to the fact that anyone can use a light switch after highly trained engineers have designed it.

As of this writing, we still have a ways to go in identifying all the key developmental events with their associated Gaia commands for most peak states. Fortunately, we've identified enough of them to prove the feasibility and value of this approach. Even in cases where we don't have them all, many clients have not had any significant trauma during the missing events, and so can still get the full target state anyway.

In practice, if a client is working with a therapist who has the full state himself, and can also 'hear' Gaia commands, they can tailor the process to just the commands that the client needs. Unfortunately, this requires that a person have the rather rare ability to hear Gaia, *and not have any traumas around the command himself*. If the therapist has traumas with the command that Gaia is trying to tell him, he can't hear what Gaia is saying – he automatically blocks it out due to his own trauma response.

## Improving the Effectiveness of the Gaia Command Processes

Another discovery we made when using the Gaia command processes on volunteers is something we call the 'dominant issue' problem. We found that using a Gaia command process would have little or no effect with some people.

They exhibited a level of trauma in the present that apparently could overwhelm the procedure. When we healed this dominant issue with one of the power therapies, we'd find that they would then pop into the target state! Thus, even though it looked like nothing was happening during the process, it was working – their current issue just masked it. I estimate this effect occurs in about 10% of our clients. Why this dominant-issue phenomenon occurs is still not clear to us, but when we do understand it fully, we hope it will lead to a way to eliminate this problem on a generic basis instead of issue by issue.

**Example:**

A woman in her thirties had severe rape trauma. It showed up in the present as a preoccupation with her sexual orientation, and chronic sadness. After running a peak state procedure using Gaia commands, no change occurred. Using Whole-Hearted Healing on the rape trauma eliminated it, and she immediately moved into one of the more complex states we were aiming for. The state remained stable for the several months we kept in contact.

**Definition: Dominant issue**

Some clients have a major, long-term issue in their lives that blocks peak state processes that use regression. The issue has a large part of the clients attention continuously locked to it. The client usually has no problem identifying it. We call this a dominant issue. Once it is healed, peak state processes will work, and processes that were used previously will suddenly take effect. We suspect that it is possible to have more than one dominant issue, but if so, it is uncommon.

Dr. Pellicer discovered another important way to increase the effectiveness of the Gaia command approach when using meridian therapies. Because the clients have had traumas block their peak states since birth, they often consider the feelings that arise when the Gaia command is used as 'normal', and so don't focus any attention to them. She found that after all obvious discomfort was eliminated using EFT, the clients would have to continue for up to an hour longer so as to eliminate trauma sensations that weren't obvious to them (and to heal the underlying damaged gene histone). Doing this improved the success rate of the process by nearly a factor of two.

Maureen Chandler and Dr. Pellicer made another discovery when healing particular developmental events using meridian therapies. They found that playing continuous musical tones, which were specific to any given developmental event, could drastically speed up the healing of the Gaia commands in the event. In cases where we have identified the tones, we've included that information in our processes. To use it, simply have the tone playing continuously and softly in the background as the client repeats the Gaia commands while doing the chosen healing therapy.

## Enhancing the Effectiveness of the Gaia Command Stimulus

Unfortunately, just saying the Gaia commands is not enough to trigger its associated prenatal traumas for roughly half the people tested. But fortunately, we can drastically enhance the recall of the trauma material by including specific music, body postures, CoA focus on specific locations, and scent. Of these, using particular choices of music to trigger particular developmental events is by far the easiest and most effective.

### *Developmental Event Music*

The music chosen has to be similar to what one can ‘hear’ during those developmental moments. Of course, those moments aren’t accompanied by real auditory music, but it is there in our awareness nonetheless. By analogy, developmental stages are quite similar to a movie where action is accompanied by music to enhance the mood. For example, during a TV wedding scene we might hear violins in the background, and so on. Note that the ‘music’ and the Gaia commands that one ‘hears’ during those developmental stages are the same for everyone, making it possible to figure out phrases and music that are generic. This means that as technique developers, we also need to identify music that is similar to what a person can experience during the target developmental stage. (As an aside, Grof’s Holotropic Breathwork™ technique uses commercial music to stimulate traumas, and it is quite likely that they are relying on this same underlying phenomenon.) For convenience, we usually refer to developmental event music as ‘Gaia music’ – although as of this writing, we haven’t yet checked to see if it is actually from Gaia, or if it has some other source.

People commonly ask if it is permissible or helpful to use self-selected choices of music, such as music that is relaxing, or inspiring. In general, it is better to use no music whatsoever, rather than the wrong music. Incorrect musical choices send clients off to the wrong developmental events, over-riding the Gaia phrase itself in many cases. It is also preferable to use music without words, if possible (other than the Gaia command). The music itself is the key – the words in general just distract from it.

### *Moving the CoA into the Physical Brain Locations for Fetal Trauma*

Directing clients to put their CoA into particular body locations turned out to be extremely important in accessing traumas involving particular brain consciousnesses. In average consciousness, the dominant areas for each of the separated brain awarenesses are as follows:

- The crown (Buddha) awareness is at the top or slightly above the head.
- The mind awareness is in the head.
- The forehead (third eye) awareness is in the middle front of the forehead.
- The spine (sperm tail) awareness is in the middle back.
- The heart awareness is in the chest.
- The solar plexus awareness is in the solar plexus area.

- The navel (placental) awareness is in the navel and stomach area.
- The body awareness is in the lower belly.
- The perineum awareness is in the perineum (sexual organ area)

Of course, brains that are fused moved their centers together, away from the locations just given, and when they're all fused in the Hollow state they experience themselves just below the solar plexus. However, because we're dealing with traumas, the given brain awareness has usually split from any fusion and returned to its standard location as listed above. Occasionally, one of the brains isn't located where you expect it to be. The spine (sperm tail) is a good example of this; its location can move toward the chest as it fuses with the heart. Fortunately, using the standard locations works anyway because those are the locations of their primary responsibility.

Occasionally, I see a client with severe trauma involving the inability of his brains to 'get along' at a regressed event. One or more of the brains could be particularly traumatized. I've had great success in healing these traumas by having the client move his CoA into each of the brain locations during the regressed event to experience what that particular brain felt. It is optimum to move it directly into the brain area in question and not just turn attention to it. Unfortunately, some people can't shift the location of their CoA without remedial healing work, and so we just do the best we can. Having the client place one of his hands on the locus of attention of the brain specified (head, belly, and so on) can often help to keep the client focused on that brain awareness. Some judgment needs to be used here, since some clients find this more of a distraction.

In general, when not dealing with particular brains (which is most of the time), clients find it helpful to put their hand on their chest during the work to keep themselves focused in their entire body. (Incidentally, this is the reason that we have the client put a hand on this chest while doing the WHH technique.)

#### *Feeling the Parent's Presence for Pre-conception Events*

When regressing before conception, how do you keep the client in the sperm or the egg, as many of the developmental events and their Gaia commands are similar? Fortunately there is a very simple way to do this.

For fetal or egg Gaia commands (or regression), have them get a sense of their mother's presence nearby. You can also add the following refinements to this, but most clients don't need them. For fetal regression, have the client feel that his mother is surrounding him, and that she's about the age when he was born. For egg regression, add the sensation that the client is actually a very young version of his mother. This can be useful for men who are regressing. For events when the egg was first forming, they can add the presence of their grandmother at about the age when their mother was born. This last one is because the eggs are formed when their mother is still a fetus inside her mother (the client's grandmother).

For sperm Gaia commands or regression, when going earlier than ejaculation, have clients get the sense that their father is nearby. You can add a couple of optional refinements, but most clients don't need them. First, the sperm should feel like a young version of their father. This can be especially useful for women who are regressing, because it doesn't come as naturally to them as it does to the men. Secondly, you can add that their father surrounds them, and is about the age he was when the clients were born.

When dealing with trauma before coalescence, we have clients put their attention into the standard locations and then start. We also have them focus on the sensation of the parent we want them to regress into (father for sperm, mother for egg), and the grandmother (paternal or maternal). Just having them feel their presence nearby is adequate – having them feel the grandparent surrounding the parent surrounding themselves (like Russian dolls) is not necessary. This simple trick works quite well for clients who are just using a Gaia command without conscious regression.

One mistake I sometimes see in clients who have some degree of triune brain fusion occurs as they consciously regress before conception or even earlier to before coalescence. As they regress, they may mistakenly maintain the feeling of having fused brain awarenesses. Since at these particular stages, the brains physically become separated, holding the fused feeling causes the regression to stop in its tracks. They have to allow the sensation of losing the brain awarenesses out of the fusion in order to continue earlier in time. It feels quite strange to move past these points rapidly, because it feels as if the brains fragment and shoot off in different directions, as if you had just exploded. However, by preselecting the brain you want to follow by putting your CoA in its typical location at the start, one finds that one's awareness follows that brain instead of one of the others.

### *Other Stimuli*

We've also experimented with scent and visualizations to enhance the subconscious recall of the developmental stage. Although it appears to help, we don't think it's statistically too significant, although we often use imagery of the developmental events in our processes just in case it helps. Probably its best use is with clients who are not having success with the simpler process. Body postures appear to be more useful, and are included in the processes when we know them.

### **Using Meridian Therapies with Gaia Commands**

Using a Gaia command to trigger developmental event trauma sensations is only part of the process. The second part of the process is to combine this trick with therapies that can heal any trauma that arises. It is not necessary to use techniques such as hypnosis or the acquisition of Creator Light state) to make the regression conscious; instead, any sensations and feelings that arise from the stimulus are due to the activated traumas. (The clients sometimes disagree, and need coaching to continue; they may believe that their feelings are justified by

the current circumstances. For example, they might say "I feel angry because the music is too loud," or "This is too boring and I want to do something else.") This allows us to use trauma-healing techniques like WHH, EMDR, etc. However, having the clients become clearly aware that they are regressed makes these techniques *much* easier and more reliable.

Fortunately, another much more effective and simple option exists – the use of meridian therapies. In this alternative, we take advantage of their somewhat unique property that, although they heal past trauma, they don't usually require conscious regression to do it. Thus, if we can find some sort of emotional 'pointer' to those old traumas in the client's current present-time experience, the therapy will automatically heal the past even though the client doesn't consciously regress. The best-known examples of the meridian (or 'energy') therapies are Thought Field Therapy (TFT), Emotional Freedom Technique (EFT), and Be Set Free Fast (BSFF). Other variations exist, which can be found listed on the EFT website. Another therapy that is included in the energy psychology category, but which developed out of somewhat different underlying principles is the Tapas Acupressure Technique (TAT).

For the average client, I recommend the use of EFT (or equivalent) with TAT because of their relative accessibility, simplicity, and complementary nature. In particular, TAT is particularly good with past generational traumas that can sometimes interfere with the effects of other therapies. These techniques are simple to learn and use, and can be self-taught. However, one of the drawbacks to energy therapies is that they can sometimes become undone (via the 'energy toxin' problem, or ending the tapping too soon), causing the client to lose his peak state. Fortunately, since they are so quick and easy to use, clients can generally just repeat the process to regain the peak state.

A huge advantage to using EFT and TAT with Gaia commands is that peak state processes can be done with large groups of untrained clients using minimally trained assistants, without the need for individual attention with each one. Of course, some clients will need individual focus if the basic process wasn't successful, or if traumatic feelings arose that the EFT process couldn't handle, but this can be done after the group work with more highly trained therapists. The Inner Peace process (described in Volume 1) is an example of just this approach.

Summarizing the use of Gaia commands with energy therapies:

- They can be done in groups with untrained clients and lightly trained facilitators.
- The process is relatively fast and simple.
- In general, no overt regression to prenatal events is required.

In the peak state processes covered in this book, I've chosen to omit any instructions on which therapy to use, or how to use it, unless there is something in particular that the trauma process wouldn't automatically address. In fact, there are so many trauma-healing techniques that we suggest therapists adapt the ones that they already know to get the desired results. We do strongly suggest that they also learn several of the current generation of power therapies

described in Volume I, just in case their client gets into a trauma that their favorite techniques can't heal.

In this section, I've emphasized the use of meridian therapies because they are so quick and simple for the typical client to learn and use. This doesn't mean that they are the best or only choice. It is more a matter of tradeoffs. For example, our own Primary Cell Technique™ (PCT), which is not a meridian therapy, is much faster, more effective, and requires minimal effort from the client. It does, however, require far more extensive therapist training.

### **How Long Does the State Last Using the Gaia Command Approach?**

I invented the Gaia command procedure in 1999. Unfortunately, it's hard to keep track of people to find out if the peak state lasted (remained stable) and stayed at the same intensity. Our first test subjects were friends and relatives, and in their cases we know that the states have lasted continuously since then. However, in the general population of test subjects we are fairly sure that some people lose part or all of the states they acquired at some time after our work, but we don't have a good statistical measure for the size of the group. Another problem in determining the exact number of clients who lose their states is that the clients become used to their state and soon consider it to be normal. These people often reply that they aren't in a peak state anymore, but testing shows that they still have the target state – it's just that their expectations of what they should feel has changed! As a very rough guess, I suspect that about 10% to 20% of the group that acquires the target state subsequently lose it. Why this might occur is a very important area of investigation for us.

One factor that can contribute to the loss of a state is the fact that we often use the extremely simple and effective meridian therapies. Unfortunately, we've found empirically that some of the people who use them later find that specific traumas that were eliminated can abruptly return to their original distress (SUDS) level. At the present time we don't have any statistics of how often this occurs in the general population, but fortunately it is infrequent. This is a very controversial topic, and the reasons for these reversals are not yet understood, but we do know that certain breathing patterns, or foods or chemicals that the person is exposed to, can sometimes have this effect of undoing the therapy. In our tests, however, we've found that this problem is usually caused by unknowingly leaving the originating source (a damaged gene histone) of the trauma 'string' incompletely healed. Regardless of the cause, using other processes that are as effective, but don't rely on meridian therapies, like TIR or WHH, will solve this problem if needed.

### **Concerns, Safety, and Unexpected Side Effects**

As in any research effort, we test processes on small groups of volunteers for both effectiveness and safety. (Chapter 19 covers the potential adjustment problems to new peak states in depth.) However, this is no absolute guarantee that unexpected side effects won't show up when large numbers of people in the general public use them, as the drug industry can well attest. Thus, therapists and

clients must understand that the processes described in this book are still experimental. Clients must be informed that there is a small risk that they may encounter unforeseen problems, *including the possibility of long-term pain, disorientation, or even death*. However, we deliberately tested the approach in this chapter for several years on a large number of volunteers before I decided that this was *relatively safe* to use with the general public by therapists trained in the state-of-the-art trauma therapies, and could reasonably be published.

What are some of the potential problems? The primary one is that some developmental events are both extremely traumatic for people and can trigger secondary problems when evoked. For example, a major concern was stimulating traumas from the birth experience, especially the placental death trauma. We do know that placental death, umbilical cord cutting, and events such as an umbilical cord tightly wrapped around the fetal neck during delivery in some people *do* cause suicidal feelings later on in life. We also know that these sensations can be overwhelming and may cause even well-adjusted people who have no history of suicidal ideation to kill themselves. Thus, for this reason, we have labeled all of our processes that work in the later part of the birthing experience as potentially dangerous. Although we haven't yet seen suicidal feelings arise in our clients using the processes described in this book, the possibility *does* exist, and the therapist and the client must be aware of this and take appropriate precautions. These include suicide prevention and treatment training, and access to a 24-hour watch facility.

As an example, the Wholeness state process has the potential to trigger suicidal feelings in the client because it involves placental death trauma. At this point in our work, it should be treated as if it will do so. Therapists who don't know how to heal suicidal ideation, or can't deal with it in other ways, should not use this process. And if the client has experienced suicidal feelings in the past, they should not use *any* process that might trigger this again. We have clearly identified the processes that we suspect might trigger this problem.

I am also particularly concerned with any states that involve the conception developmental stage, because of the death shock that the sperm experiences. I feel processes involving conception might accidentally stimulate that shock in some clients, or might stimulate suicidal impulses, although as of this writing we haven't yet seen any problems in the groups that we tested. Our Inner Peace Process is an example of just such a peak state process that accesses conception. Fortunately, we have not seen this problem after testing with large numbers of people.

Intrinsic to this approach for getting permanent peak states is the problem that a process can give the client *more* states and abilities than he was expecting. This is because the event healed in a given process might have been the only trauma blocking those states. This is similar to pulling out a keystone (a developmental event) in a dam (the resistance to a state), and having the dam collapse and the water flow unchecked back into the channel (a variety of states and abilities return).

Thus, when working with clients there are three concerns that need to be addressed up front. First, the clients need to be informed that these techniques are experimental and that we are not responsible for anything that might occur, and may not be able to help them out of whatever difficulty has arisen. Secondly, by the very nature of the process, clients will almost certainly feel brief pains and emotions that can be very traumatic in the course of healing the developmental stages. These arise because of the injuries that occurred during the developmental stage that the Gaia command is from. Third, clients may get a peak state that is much more advanced and powerful than the target state; an experience that they might find frightening or disruptive at first. This can occur because the developmental stage they heal might have been the last one required for an even more advanced state than they were expecting.

### **Guidelines for the Therapist and Client Using the Gaia Command Processes**

In this section, I'm going to review some details of Gaia command processes that aren't always obvious.

As a rule it is always preferable to do the earliest events in a process *first*, because a trauma during early developmental events 'avalanches' and causes later traumas that the organism feels are similar. Eliminating these originating traumas will spontaneously eliminate the subsequent traumas, increasing speed and minimizing distress in the clients.

How do we actually use the Gaia commands in practice? First, the Gaia commands are repeated over and over by the client, or by the therapist, or played on a recording to continuously trigger any trauma at the developmental event. The most effective way we've found is to give the phrase a slow rhythm. As any trauma is healed, eventually all sensations in the client's body should vanish. Since many of these sensations are habitual, the healing process usually needs to be continued for some time after the obvious symptoms are eliminated. Just repeating the command phrases in rote manner isn't as successful as saying them with an attempt to feel the meaning of the words. (For those clients who are simultaneously regressing, the command will give them a particular sensation as they relive the experience of obeying the biological meaning of the command. In fact, they need to continue healing until the biological meaning is kinesthetically obvious. We've included what it should feel like in many of the processes.)

Next, therapists should realize that for a given developmental event, the order of the commands is important. They are like music, building on each other. Doing them out of sequence can prevent later ones from working correctly. If need be, rerun the sequences a number of times to eliminate all of the trauma during the event, but don't randomly jump around if you can avoid it. Also, don't pick and choose the commands. We've seen some people choose to avoid the commands that made them feel uncomfortable, and stick to the ones that gave them pleasing sensations. This makes the process useless, because it is the painful ones that block the state!

I've also had people modify the Gaia commands to make them feel more comfortable. This also completely blocks the effectiveness of the command. The

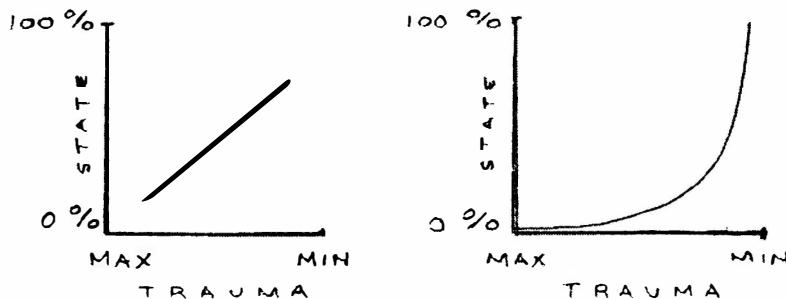
reason it doesn't feel right or comfortable in the first place is because it is working to bring up the trauma during the event. It is supposed to feel uncomfortable. The wording is precise; don't let your clients change it.

If the client's first language isn't English, we've found he usually get better results if he uses his native language with the Gaia commands. However, translation errors usually completely invalidate the process. If you need commands in a different language, you need to get them from someone who can hear the optimum Gaia command in the language in question.

During many of the events that lead to peak states, a 'ball of light' enters the developing organism during particular commands. I note them in the processes, but this information is just an aid for researchers, and does not have any importance to the therapists doing the process. In the same way, I note commands that cause a brightening of a triune brain, but the therapist can also ignore this phenomenon.

### *Increasing a State's Strength*

Some states come on gradually as traumas are removed – the less trauma remaining, the stronger the characteristic of the state. An example would be the Inner Peace state. Other states don't have their characteristics appear until virtually all the trauma is removed from the events. The Hollow state is an example of this latter type.



*Figure 17.1:* State characteristics appear in different degrees as a function of trauma. a) Some come on gradually as trauma is removed; b) some come on abruptly only after virtually all the trauma is removed.

It is difficult for a typical therapist to determine if the client has the full strength of the state, especially with states that come on gradually as trauma is healed. Therapists trained in our advanced state-dependent techniques can tell, but this is not an option for the typical therapist. However, a trick borrowed from the NLP (Neuro-Linguistic Programming) community can help here. In it, the client is asked to imagine what it would be like if the state felt even stronger. Other issues to be addressed are fears and concerns about having the strength of the state increase, or having it become permanent. The therapist then heals

resistances as they appear. This approach is useful for any peak state procedure, not just ones involving Gaia commands.

In cases where the state comes on abruptly, we generally find that when the client suddenly starts feeling the state, the Gaia command that has this effect is the one that should be focused on to be sure it is completely, totally healed. For example, if during the Hollow process, the client said a part of his body suddenly became hollow, the therapist should focus on that current Gaia command. This generally results in making the client's whole body feel hollow.

### *What to Do When the Client Has Only a Momentary Taste of the State*

Often when doing a Gaia command process, the client may suddenly have a brief taste of the target state that then fades or vanishes as the process is continued. We typically view this as a good sign, and continue the process to strengthen and stabilize it. However, not all of our processes have all the Gaia commands mapped out, and so your client may not be able to recover the state even after doing the entire process correctly. In this case, use the procedure to turn a peak experience into a peak state described in Chapter 16, followed by the technique just described to increase the state's strength. This can often work successfully.

### *Triune Brain States*

There are a number of triune brain states. Which should you choose first, and what order should you take? Underlying Happiness, Inner Peace, and Wholeness can all be done independently of each other and in any order. Because the Wholeness state might induce suicidal or severe birth trauma experiences, the therapist needs to both explain this and have experience with suicidal clients. The Hollow state, which has a major impact on clients, builds on the combination of the Underlying Happiness and Inner Peace states. However, the client has to understand these processes may give him a more complete triune brain state than he was expecting. For example, he might run the Inner Peace process and get the more advanced Hollow state instead. They may also give him other abilities and perceptions that he wasn't expecting either – ones that are hard to predict at this point in the development of our work.

We've also found that many people can't heal key triune brain fusion developmental events completely, unless they have addressed the triune brains' good or evil choice. Attempts to make two brain awarenesses merge are usually not stable, unless the brains involved are either both good, or both evil. This problem can be evaluated by people who have the ability to 'see' triune brain awarenesses. If the brain in question chooses 'good', it has a characteristic clear light, which we call the Brain Light state. Chapter 15 on good and evil explains this problem in detail, and gives a way to acquire the state. At this point in our work, we generally start students with the Brain Light state process no matter which state they request, be it triune or any other. This has the dual advantage of helping to stabilize triune brain states and improving the disposition of our students.

There are just a few key Gaia commands that give the targeted triune brain state characteristics. However, in our processes we include all of the relevant developmental events as an option for therapists. In our opinion, therapists should have first healed all of the traumas around these key events in themselves, not just the material that gives the state sensations. This helps them personally, and makes sure that they can help their clients fully through the reduced set of commands.

In some of our procedures, during an event there are Gaia commands specified for the various different brains. Depending on the client, it may be more effective to stay to the sequence in just one brain, then back up to follow the sequence in another brain; or to switch from brain to brain and do all the commands at any one time. Regardless of the choice, repeating the sequence a few times makes sure to catch any remaining problems.

### *Tricks for Using EFT to Heal Gaia Commands*

If you are using EFT to heal a Gaia command, there are a few tricks that can help. When using EFT, we generally skip the psychological reversal step. However, some clients then find that EFT has no effect. If they know what the problem sensation is, then focusing on it and using the standard reversal phrases will work. However, often the clients can't even notice the sensation they have, because it is habitual. Using the psychological reversal phrase "Even though I feel like I will die if I let this go, I deeply and completely love and accept myself" will often get the healing to start up again.

We also generally skip the 'nine gamut' procedure. If healing isn't occurring, try using it to see if that gets the healing going again. As a rule of thumb, continue EFT for a minimum of 5 more minutes after the last sensation (traumatic or otherwise) that the client feels. This tends to catch at least some of the unnoticed sensations that need to be healed. For more detail on using EFT with Gaia commands, I refer you to the Inner Peace Process in Volume 1.

### *Checklist for therapists:*

- Has the client been informed that these processes are experimental, and unexpected problems may occur?
- Is the client aware that using these processes may give him more states and abilities than he was expecting, with consequent adjustment problems? This is especially common with processes that involve triune brain fusion states.
- If possible, we recommend doing the Brain Light state process (the good or evil choice) first, before any other peak state process is run.
- Heal the earliest developmental events first.
- Use the suggested music without lyrics (other than the specified Gaia commands).
- Don't use other music unless you have some reason to believe it will help the client regress to a target event.

- Traumas at developmental events can be healed more easily by playing the specified tones.
- If a client isn't getting trauma activated by saying a rote Gaia command, have him try and embody the feeling that the phrase expresses. A deliberate regression may also resolve this problem.
- Test to see if the client can increase the strength of the state, and if so, help him stabilize it at its higher level.
- Some peak states are blocked by birth trauma. Does the client (and therapist) realize that accessing this time zone can trigger dangerously strong suicidal feelings?

Chapter 19 has a comprehensive checklist for therapists doing trauma-healing sessions.

### Using Gaia Commands to Heal Particular Illnesses

Up to now, we've focused our discussion on using Gaia commands for peak states. However, certain kinds of physical and emotional problems that show up later in life are also due to developmental stage traumas. Once the Gaia commands are known, these traumas can be healed in exactly the same way we heal the peak states blocks, eliminating the illness. We've been studying several serious conditions, and our preliminary results indicate that schizophrenia, neuromuscular disease, bipolar disorder, multiple personality disorder, and autism are excellent candidates for this approach to healing. These applications are covered in depth in Volume 3. See also our website [www.PeakStates.com](http://www.PeakStates.com) for more recent information on this and our other clinical projects.

## Key Points

- The appropriate Gaia commands, combined with meridian therapies, can be used to heal developmental stage traumas without the need to consciously regress to the event.
- Certain pieces of music, visualizations, and body postures can facilitate the effectiveness of accessing the developmental stage moments.
- Developmental events can be accessed more easily by having the client deliberately sense the presence of the parent whose body he was in at the time.
- The Inner Peace state can be relatively permanently acquired by using a single Gaia command. This is a useful demonstration of the principles involved.
- Other states can be acquired by using Gaia commands from the appropriate developmental stages.
- Using Gaia commands to heal can be generalized to other developmentally-caused conditions.

## Suggested Reading and Websites

### Meridian power therapies

- Gary Craig, *Emotional Freedom Techniques: The Doorway to the New Healing Highrise: The Manual*, (Third Edition), 1999. See [www.emofree.com](http://www.emofree.com) for a free download copy of this EFT manual.
- Tapas Flemming, *You Can Heal Now: The Tapas Acupressure Technique (TAT) Workbook*. It can be ordered from Tapas's website at [www.tat-intl.com](http://www.tat-intl.com).
- Dr. Larry Nims, *Be Set Free Fast: Release Your Discomforts Now*, self-published, 2003. A meridian therapy, useful as a complement to EFT. Order through his website [www.besetfreefast.com](http://www.besetfreefast.com).

### Body motions at developmental events regressions

- Terry Larimore and Graham Farrant, “Universal Body Movements in Cellular Consciousness and What They Mean,” originally published in *Primal Renaissance*, Vol. 1, No. 1, 1995. An online copy is at [www.terrylarimore.com/CellularPaper.html](http://www.terrylarimore.com/CellularPaper.html).

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## Unusual Blocks To Acquiring Peak States

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This chapter describes probably one of the strangest and most important discoveries I've ever made in trauma work. It came out of a problem I was seeing in my peak states workshops and with individual clients. People would come to my talks or workshops with a lot of enthusiasm, follow through with the often arduous steps needed, and get a peak state. However, contrary to common sense, instead of continuing to acquire more peak states, now that they knew that this approach actually works, they would immediately lose interest and stop having any contact with us! Very, very few people would continue.

At first, I thought it was because the state they chose made them feel so good that they had no need or interest in continuing. The discomfort required to heal their remaining traumas might now feel alien and distasteful to them. I also wondered if it might be my teaching style or personality that was driving them away. Although these reasons may have been valid for some of them, the real cause was a complete surprise to all of us.'

I eventually noticed that when this happened students and colleagues would all suddenly feel 'flat' to me as they lost their natural enthusiasm. Eventually, in the fall of 2004, while chatting with just such a student on a street corner, I suddenly noticed a sort of physical 'pressure' that was pushing me to stop working on peak states. This influence was coming into my body from what felt like all of humanity. As I noticed and accepted this pressure, it faded until I felt like a heavy weight came off my body. From this and other experiences, I was then able to create a technique to deal with the problem, which I called the 'tribal block'. Over the next two years I began to realize the true scope of the phenomenon – it affects nearly everyone in almost every aspect of life. Eventually, in the summer of 2006 Tal Laks and I discovered the bizarre and truly horrifying biological basis for the phenomenon (covered in Volume 3).

### **Chapter Overview**

This chapter covers some of the unusual problems clients have in acquiring peak states, problems that go beyond the difficulty of simply healing (often

major) traumas. We start by reviewing the sorts of problems any trauma therapist might see in an ordinary therapy session that can affect a client's ability to acquire peak states. These range from negative beliefs about acquiring peak states, which can block the processes or block clients' perception of peak states that they have acquired, to issues of psychological reversal around acquiring a peak state.

There are other blocks that are unique to peak state work. About 15% of our clients have the 'dominant issue' problem. These clients have a central or 'core' issue that won't let them move into *any* peak state until it is eliminated. Another unusual problem is that of people with 'veiled' peak states. They once had a peak state, but abruptly lost it and were never able to experience it again. Yet another block is the 'locked Inner Peace' problem. Clients with it stay in a state that resembles Inner Peace, but it can't be changed or improved upon.

Less common are a variety of other issues affecting general mental health that also block peak states. Some clients have one or more triune brains in a 'shutdown' state. Until the brain is turned back on, the client cannot get triune brain peak states, nor will the client be satisfied with any state until his condition is remedied. The 'flattened emotions' block, which resembles a depressed version of Inner Peace, also completely blocks any kind of peak state or emotion, be it good or bad.

By far the most important, pervasive and yet easily overlooked or misdiagnosed problem is that of the 'tribal block'. It affects nearly every client we've ever seen, and blocks them both from wanting to acquire peak states and from succeeding in doing so. Although this problem is most noticeable when dealing with peak states, it also affects nearly every aspect of healing and of people's lives. The same underlying biological mechanism is also involved in the very strange phenomenon of 'veiled' peak states, where the person actually has a state but cannot feel its characteristics.

#### *Relevant processes*

- The Tribal Block Technique™
- The Body Association Technique™

#### **Issues That Should Be Dealt With Before Starting Peak State Work**

Before any peak state work starts, many clients often feel to some degree that, "It is better to stay with the problems I know than risk the new and unknown." It greatly reduces clients' anxiety and makes the peak state processes work much more quickly if these sorts of issues are addressed with trauma healing *before* actually doing any peak state processes. (Of course, many other practical issues also need to be addressed before starting – checking for issues of health and safety, determining if the client needs trauma healing rather than peak states, confirming that the client is an appropriate subject for peak states work, signing legal agreements, and so on.)

Occasionally I see a client whose distress is *not* due to traumas. In fact, healing trauma may give them temporary comfort or even a peak state, but then

they go back to feeling distressed; they often feel unfocused, distraught, disappointed, or have an uncomfortable sensation of ‘heading in all directions’. These people are getting direction from Gaia to actually, physically do something in the present, and are blocking the required action because they don’t understand why or can’t trust their own knowing. Simply bringing the required action to consciousness with a willingness to do it solves the problem and then peak state work proceeds normally. Therapists can easily miss this problem because they’re so used to the idea that discomfort is due to traumas (which is usually the case). It is like the old joke – everything looks like a nail (trauma) to the person with a big hammer (a power therapy).

#### Example:

When I first began working with Monti Scribner, we correctly identified the peak state that she had been trying to get via her life activities, and stabilized it. However, she soon reported that she had reverted to her previous ‘average’ state. Internally, she felt unfocused, scattered and uncomfortable, as if she were heading in every direction at once, like a ship without a rudder. Asking her if she’d ever felt like this before brought up incidents where she had to make changes in her life (moving, changing jobs, etc.) that she had resisted – although when she finally followed through, the changes had very positive outcomes. Simply asking her if she had something she felt she now needed to do, evoked the surprising reply that she had been getting the thought for some time that she should visit Flagstaff, Arizona (which was thousands of miles from her home). She had never been there, and as this thought made no logical sense, she had been resisting it. After explaining how Gaia works to optimize our lives, she decided to respond positively to this desire, and her uncomfortable feelings instantly vanished and didn’t return. Peak state work then proceeded normally.

#### Problems with Healing Traumas

When clients use peak state processes, the traumas that block peak states are *usually* healed in a straightforward manner using power therapies or other approaches. Of course, facing and healing painful traumas can be difficult, and so therapists use a variety of techniques to deal with this. There are other reasons why some clients find certain traumas particularly difficult to heal. Sometimes the client’s symptoms are only indirectly related to traumas, and so trauma therapies have little effect. These problems, such as internal brain conflicts, brain self-identities (see Chapter 11), cording, soul stealing (see Volume 3), vortices (see Volume 3), and others are covered in *The Basic Whole-Hearted Healing™ Manual*.

After clients acquire a peak state, they sometimes develop a perception problem. At first, the clients often feel pretty wonderful. If something comes up later that makes them feel badly, they assume they’ve lost the peak state, and in fact feel like they’ve never felt good. When the therapist checks, he usually finds

that the clients still have the peak state characteristics, but they've moved on to some other trauma-related problem.

#### *Unconscious Resistances to Healing Traumas – Psychological Reversal*

Another major reason why therapists find that their client's traumas are sometimes difficult to heal is due to what is conventionally called 'client resistance' or a 'counter-commitment to healing' or what power therapists call 'psychological reversal'. In essence, some clients have unconscious reasons to hang on to their traumas (although clients might rationalize their feelings with conscious reasons).

The mechanism for psychological reversal is quite simple to understand. The target symptom is due to trauma – but there is another, separate trauma that tells the brains that they must maintain the target symptom. For example, a client may have great and continuous fear. When attempts are made to heal this fear, the client has a subconscious conviction (based on a second trauma) that he must not let the fear go. He feels that he has to stay afraid so he will stay alert to protect himself. Essentially, we have a trauma protecting or guarding another trauma from being healed. This can extend to three or even more levels of blocking. The easiest way to deal with this is to start by eliminating the trauma that doesn't have another one protecting it. Once it's gone, we move to the now unprotected trauma and eliminate it, and so on, as if we were removing dominoes in a row. Thus, in the example the therapist would first heal the client's conviction that he needs his fear. There are variations on this theme – another blocking trauma might cause the client to allow most of the healing to occur, but resist allowing full healing of the target trauma. For example, I've had clients tell me that they must maintain a bit of the symptom to 'learn' about it. Or the fearful client might feel that he needs to retain some of that fear to be able to relate to others with a similar problem.

Traumas tell the triune brains what to do. The 'guarding' traumas causing psychological reversal are obeyed even though this behavior doesn't make logical sense. This apparently insane behavior happens because most of the brains don't think logically – instead, they think by associating sensations together. If powerful associations – the 'reasons' – tell the brain that it must do something, it will, regardless of current circumstances. This problem affects all of the brains to some extent, but the body has this as its primary trauma mechanism.

Psychological reversal affects about 40% of the traumas that clients have. Some therapies are more susceptible to this problem than others. Meridian therapies are the most susceptible – nothing changes in the client unless other procedures that directly address psychological reversal are used. Meridian therapies deal with this problem in two different ways. EFT uses temporary stimulation to the body to make it relax enough to ignore what traumas are telling it to do (the psychological reversal step). BSFF has the therapist heal the cause of the reversal itself first before working on the primary issue, although identifying it can be difficult. PCT, which is not a meridian therapy, is also

somewhat affected by this issue. With some effort, the therapist can force the healing using PCT even though psychological reversal is present, but it is actually fairly simple to ‘see’ the protecting traumas and eliminate them first. Other therapies are more robust – the psychological reversal still blocks the client’s willingness to do the healing, or to healing completely, but it doesn’t directly block the healing process itself. In my experience, the Whole-Hearted Healing technique is one that is least affected by this problem, and for this reason many therapists use it when easier, less painful techniques don’t work.

During peak state work, many clients encounter blocks to success that slow or stall their progress. Many of these blocks are the same that people have in other areas of their life (financial, professional, and so on). Some are a bit more specific to peak states work.

#### Example:

Alexandre found that whenever he tried to heal a trauma, his head would hurt. We found several vortices and a birth trauma. Later, he no longer felt any resistance to healing, but, even though he’d had this problem for several years, he ascribed the change to other causes. In meridian therapies, this behavior of forgetting that treatment cured the issue is called the ‘apex’ problem.

#### *Overwhelming Beliefs Block Awareness of Peak States*

Traumas are the mechanism that creates fixed beliefs in people. After successfully getting a new peak state, another very strange kind of problem can occur involving these fixed, trauma-created beliefs. Occasionally, I see a client who needs to feel that “nothing works” for him, or that “nothing has changed”, even though testing shows that he now has a peak state’s sensations or abilities, and can feel them quite clearly. He acts like a person with hysterical blindness – he feels the new state but can’t admit to himself that he does. His friends and family can see the changes, but the client won’t consciously admit that anything happened until this block is addressed and healed.

#### Cording

One of the most pervasive problems that we’ve had in healing traumas involves ‘cording’. This mechanism involves an unconscious interconnection between two people’s traumas that keeps the feelings in the traumas stimulated. This mechanism is simple to identify – when we get a sense of another person’s personality, we are cording with him. This mechanism contributes to what psychologists call transference and counter-transference. It can cause interpersonal problems, blocks to peak states, and blocks to healing. For example, if the therapist’s trauma is around having clients that don’t heal, and the client’s complementary trauma is around obeying authority figures, healing can come to a standstill. Cording is usually the cause of losing a peak state soon after acquiring it - eliminating the cord(s) causes the state to return.

By using a peak ability, this cording linkage can actually be ‘seen’ as a hollow black tube between the two people. The cord causes their respective traumas to be continuously stimulated. This mechanism is covered thoroughly in Volume 3 and in *The Basic Whole-Hearted Healing™ Manual*.

### Avoiding the Optimum Life Path

Many people have trouble healing a trauma fully. Unfortunately, for peak states work, relevant traumas need to be healed completely to fully stabilize the target state. As we’ve seen, there are a variety of reasons for this problem. For example, sometimes this is due to just poor application of the healing technique they are using. Sometimes this is due to psychological reversal – trauma-based beliefs such as “If I feel good I’ll die”, or a belief that “I’m never good enough” – that cause them to unconsciously sabotage their efforts. However, roughly 10% of our students have a completely different and unusual cause for this problem. At the subconscious level they recognize that healing these events and so acquiring the peak state could put them on their optimum life path. The triune brains try to block the healing because they are responding to the traumas that keep the person from being on their optimal life path in the first place. This problem shows up in peak state work much more frequently than in typical trauma healing, because so many people need peak states to even be on their optimum path.

Fortunately, this problem is fairly simple to solve. To find the often hidden and unconscious resistances, we teach our students how to ‘see’ their life paths. Once they can do this, the relevant resistances become obvious. We then have them heal the traumas that keep them off of their optimum path. When this step is finished, the student suddenly finds that he can heal the peak states developmental event traumas with only the usual difficulty.

### Triune Brains and the Dysfunctional Homeostasis Block

There is another mechanism that can block the acquisition of peak states and that is indirectly caused by trauma. It acts like a more powerful version of psychological reversal. We call it the ‘dysfunctional homeostasis block’. It illustrates a very serious problem with the way the triune brains ‘think’. Let me give an example. A client comes in with a presenting symptom. The therapist uses power therapies and totally eliminates the cause of the issue. Yet, within minutes to days the symptom or one very much like it is back, and usually it is worse. The therapist repeats the healing, finds another cause and again eliminates the symptom. A short time later, the problem again returns. This cycle can continue indefinitely, and therapists find this quite frustrating and very puzzling.

It turns out that the culprit in this drama is one or more of the triune brains, usually the body (but sometimes the placenta or one of the other brains). The body associates sensations together, making it often act in ways that actually harm itself. If it associates having average consciousness with survival (a common problem), it will do almost anything to block progress in peak states.

This problem isn't limited to peak states. Associations that cause the body to block or rebuild problems are also common when healing typical emotional or physical issues.

As another example, let's look at a common placental brain mechanism. Some time after the chronic issue's symptoms vanish, the client has a feeling that the placental brain mistakenly interprets as 'fetal distress'. Because its core purpose is to nourish and protect the body (i.e., maintain homeostasis), it immediately attempts to put the body back into a fixed state that was set in early gestation. Unfortunately, clients can have a placental trauma that makes it 'think' the correct fetal condition was during a moment when the fetus was injured. Thus, it 'fixes' the client back into the symptoms that existed at that time. If peak states were momentarily blocked during a moment that the placenta uses as a template, it attempts to block them again in the present.

The different brains are quite clever in figuring out different ways to recreate homeostasis and restore the symptoms that were eliminated. For example, they might replace a healed symptom by triggering a generational trauma that has a similar sensation. To heal this problem requires that the therapist be able to figure out which brain is having the problem, and then find out what trauma is making it act the way it is. Healing the key association or trauma eliminates the brain's behavior. This entire problem is very much like working with a program stored in RAM in a computer, where the software can modify itself and then act differently. In the same way, the brains act dysfunctionally because of traumas, which can be eliminated, and then the brains act differently. However, it can be very difficult or even impossible to figure out what traumas need to be eliminated using standard techniques. Our Body Association Technique™ addresses this problem directly.

It isn't just traumas that influence what a brain 'believes' it needs to do, although this is the most common mechanism. Occasionally, we also see clients whose triune brains try to reverse the healing because of the influence of the tribal block (see the next section). We've also seen foreign structures inside the primary cell that cause this problem (see Volume 3).

#### Example:

While using regression to unblock new peak states, Paula would often find emotional blocks to her progress. For example, one time she had fears about being isolated in her new state. The feeling was "If I go there, I'll be all alone. Other people will shun me." She had to heal these feelings before she was able to make progress on the new state.

#### Example:

Robert found that after he healed developmental events to recover a peak state or ability, he would get pain in his head. He finally realized that he had the underlying belief that if he was able to feel a positive peak state sensation, he would die. This was similar to an earlier experience where he felt betrayed, and to avoid the painful feelings, he suppressed his ability to

feel – except he could still feel his pain and suffering. His ability to have good feelings had vanished.

**Example:**

As I've said previously, about a third of our researchers have died or been crippled doing peak states research, when problems occurred that no one could have ever anticipated. Tal Laks nearly lost her life when she hit just this kind of problem with dysfunctional homeostasis.

Using our fast new processes, over the course of the previous six months, Tal Laks had eliminated more than three quarters of her trauma strings. During a training, out of the blue, she suddenly started to get 'foggy'. Quickly investigating this unusual sensation, she found that the nuclear pores in her primary cell were becoming blocked at an ever-increasing rate. If this didn't stop immediately, she would die when the nutrients the nucleus needed could no longer penetrate the wall. Using her ability to communicate with her triune brains, she found that the spine brain (the endosome) was proudly using itself to block the pores, because the heart (and body) had told it to; they had been searching for a way to restore Tal to her previous condition, and had come up with this trick. Like a helpful five-year-old, the spine brain didn't realize the consequences of its actions and was happily filling all the pores. Fortunately, Tal had caught it just barely in time – she was able to heal their dysfunctional need, reverse the problem and restore herself to health.

***Other Dysfunctional Triune Brain Actions***

In general the brains act like five-year-olds without a parent nearby to keep them out of trouble. In the previous section we focused on the times the triune brains want to keep the client from changing. However, they sometimes act in other ways that severely damage the person. This can range from the problem of the body brain trying to replace an old sensation with a substitute – we call it the 'sensate substitute' problem – to other dysfunctional actions of the various brains. This is one of the reasons why we teach our students how to clearly communicate with their triune brains, so they can deal with the problems at their source.

**Example:**

A student had gone through months of excruciating physical and emotional pains. We kept healing problems as they arose, but even before we would finish, new ones would arise. We finally tracked the source of this to the actions of the heart brain. It had been activating new traumas continuously because it felt unhappy, unloved and ignored, and it wanted attention. It wanted to make itself known, with an attitude of wanting to show "this is what I can do". The heart in particular is susceptible to this problem, because it usually has the conviction that it isn't really a physical part of the person, and that it can stay 'outside' of the problems it causes. Once we

realized that her heart was doing this, we asked it why it felt this way, and an image of a moment in conception immediately arose. The moment was of intense rejection feelings from the egg. This cleared up most of the problems, and allowed us to see that there was another level of conflict between her body and the solar plexus brain.

### The Dominant Issue Block to Peak States

Chronic, long-term trauma symptoms will also block peak states for some clients. Their ‘dominant issue’ has to be healed before they will move into a new peak state. The issue can often be healed directly using a power therapy, but some symptoms are caused by very indirect mechanisms that can block any straightforward healing. (These mechanisms are covered in detail in Volume 3.) Once the issue is gone, the client will be able to enter peak states – and if they’ve already gotten one previously, or had one naturally, they will just automatically go into the state as soon as the symptoms of the dominant issue are gone. This often comes as quite a pleasant surprise to the client when it occurs, although if they’ve been doing extensive inner work, all the states they’ve been suppressing can come ‘crashing’ in all at once, causing adjustment problems.

### The ‘Tribal Block’ Causes People To Avoid Acquiring Peak States

Probably the most serious and yet most easily overlooked block to peak states is due to what I call the ‘tribal block’. This problem affects everyone we’ve encountered, and shows up in daily life as well as in ordinary trauma healing. It causes a person to be and act however one’s ‘tribe’ or social grouping wants them to be.

It is extremely simple to show most clients how to become aware of the influence the tribal block has on them. Once this is shown, most people report feeling that their bodies have a ‘tribal’ connection that extends from their relatives outwardly to what feels like all humans living on the planet. They also report that acquiring peak states makes the family/tribe/race feel as if they’re leaving the group. To illustrate how the tribal block commonly affects people, I often use the analogy of crabs in a pot. Whenever one tries to leave the container, the other crabs pull it back down, just as the tribal block problem acts to keep people from ‘leaving’ social norms – even if those norms are pathological. The tribal block exerts a feeling of almost painful, physical and emotional pressure on a person. This causes most people to automatically adjust their behavior to avoid the sensations it induces.

The tribal block experience can be felt at two different levels. The first is a sense of pressure coming from other people that the client knows, particularly family. Dr. Waisel also found that the tribal block phenomenon usually evokes our own personal feelings about leaving the family/tribal/racial group. At a deeper level, it accesses all the people in our society and their cultural norms. In either case, the tribal block mechanism works by stimulating any traumas that will force people to act in ways that are in alignment with ‘its’ wishes.

The tribal connection is a disaster for everyone. It acts to keep most people from actually doing anything to acquire peak states. For example, in many people it shows up as a strong emotional and physical discomfort in their body when they think about getting a peak state, while in others it only becomes obvious when they actually start to do a peak state process. Because most people are so used to the tribal blocking, they automatically respond to it to avoid the discomfort. This usually shows up as a sense of 'flatness' or lack of aliveness or enthusiasm in a person. As Tal Laks and I discovered, the mechanism of the tribal block is also the basis for dysfunctional cultural behavior, with different cultures having different tribal blocks. For example, our Australian students were only mildly blocked around acquiring peak states – instead, the block tends to force them to skip to other activities, like children seeking more toys. Our Polish students have a very different tribal block: it pushes them to not heal anything and to remain totally unchanged. The tribal block is also the basis for a well-known phenomenon in cultural psychology – the intense fear people have when they actually start to become part of a new culture.

The existence of the tribal block problem explains another very odd fact we'd seen over the years. Generally, people who start with a lot of personal suffering and a very difficult time healing tend to end up unblocking more peak states than people who start with good peak states from which they could easily unblock more states. Apparently, the people who are used to a lifetime of pain and suffering are used to ignoring discomfort, even tribal block discomfort. The people who are only used to ease and pleasure because they started with good states can find the tribal block rather overwhelming. The old fable of the tortoise and the hare certainly fits in this case.

I've included a simple process to eliminate the tribal block influence in the *Basic Peak States Therapist's Manual*. Unfortunately, our current process only deals with only one tribal block at a time, and so has to be redone each time a new step or process is started. *The current tribal block technique is experimental, and as such it may induce unexpected problems in clients.* As of this writing, we continue to work on creating a single process that can eliminate the problem completely and permanently. Please review our website [www.PeakStates.com](http://www.PeakStates.com) for any updates, new problems or warnings about this, or in fact any of the processes in our books. Volume 3 covers the full biological basis for this devastating problem.

#### Example:

The problem of influences from our relatives and extended tribal group is also described in clairvoyance training classes. Karla McLaren in her book *Your Aura and Your Chakras* describes the internal and external resistance that occurs when a person starts to change using her methods. She has a process called 'burning contracts' to deal with the problem. However, her method to deal with the problem, as outlined in her book, is extremely slow from our perspective, and doesn't unblock peak states.

**Definition: Tribal block**

The tribal block influences us to act in certain ways, and in particular to refrain from acquiring peak states. This influence occurs below conscious awareness, and is responsible for emotional and physical sensations that steer us away from acquiring states. Although susceptibility to this influence varies, it has a significant effect on almost everyone. It also influences most of our daily life and our ability to heal traumas in general.

**Risks to Using the Current Tribal Block Technique™**

One of the risks of using our current tribal block relief process is that it can work too well. A short time after coming up with the tribal block process, my colleague Dr. Adam Waisel found that he could continue running the tribal block procedure and move the client into the God/Goddess state (as described in Chapter 11). Thus, even if the process works without any side effects, the fact alone that the client can quickly acquire a partial *major* peak state can be a problem in itself, one that I explore in depth in Chapter 19.

**Veiled Peak States**

The developmental events model works well for creating methods that bring most clients to peak states. Often, when healing key developmental event traumas, more trauma surfaces after the initial traumas are healed, causing the target state to lessen or to come and go. Eventually, all relevant traumas are healed and the full state is stabilized.

However, in rare occasions we see clients who had a stable, long-term peak state abruptly lose it and never get it back even for a moment. Sometimes this is simply due to buried traumas becoming activated, but there is another, totally unrelated mechanism that can be responsible. In this latter case, the state blockage is not directly caused by traumas; rather, it is due to a gray paint-like material blocking nuclear pores in the primary cell. Thus, even though the client may not have any traumas blocking the relevant metabolic pathway, because the critical nuclear pore is blocked the metabolic pathway is still shut down, and the corresponding peak state is suppressed in the client.

The effect on the client's peak state due to this nuclear coating is extremely strange. The peak state isn't lost or blocked as it is with traumas, whose RNA strings both block the relevant nuclear pore and tell the organism not to move toward the state. Instead, only the *sensations* of the state are blocked, but the person with a veiled peak state can still, with training, induce the state in other people. They have no resistance to having the state, and in a sense they have it still – they just can't feel it. I realize this sounds pretty odd, since we generally define a peak state by the sensations that a person feels. But unlike states lost due to trauma, these people can still use the state's abilities to some degree, in the same way a mechanic can still rebuild a car engine with a blindfold on. We call a peak state affected in this way a 'veiled' peak state.

**Example:**

The veiled peak states problem is one that has affected me personally. Many of my students wonder why I seem to be so knowledgeable about what peak states feel like, how to get them, and how to use them, but appear to be totally ordinary myself. It has been an extremely frustrating process, gaining new peak states, living with them, often for years, and then in a moment losing them forever. It took me 18 years to find out how I was losing my states – and before I could even get that far, I had to first work out the basic theory of peak states you are reading about in this book. I still didn't realize that they were still present but 'veiled' until 2004, when I consciously noticed that I could still 'induce' any of my lost peak states into others at will.

At the moment we don't know how to fix this problem. This phenomenon involves actions by the underlying biological mechanism of the tribal block.

*Diagnostic Criteria for a Veiled Peak State (Revision 1.0)*

- Once lost, the veiled peak state is never, even for a moment, felt again.
- The client can still acquire new states.
- The problem can affect previously stable states, ones that were present from days up to decades.
- Others found the client's state threatening, and it stimulated feelings of fear, hatred, or jealousy in them.
- A person with a veiled peak state can (with training) still induce the state into other people.

**The 'Locked Inner Peace' Block to Peak States**

On rare occasions we meet people who have a rather unusual problem. On the positive side, they have all the characteristics of the Inner Peace state. These people are relaxed, rarely if ever get upset, are easy to be around, and report that they feel fine. When asked, they say that none of their past traumas cause them any emotional or physical pain. In fact, from a psychological perspective there is nothing apparently wrong with them at all, and they don't have any characteristic or unusual physical problems.

However, we realized there was a problem with these people when several of them attempted to acquire better peak states with us. This proved to be impossible. Normally, a person in Inner Peace can override the state to feel and heal traumas. However, these people couldn't feel traumas at all, or if they could, it would only be for a moment. Thus, we assumed that their inability to feel traumas and heal them was the problem. However, we found out that with help they could still heal the traumas blocking new peak states, even though they couldn't feel the sensations of the traumas. Afterwards, therapists who could merge consciousnesses with them would report that they had indeed acquired the target state – yet the client could not feel any changes at all.

At this time, we are not sure what causes this problem or how to cure it, although we suspect strongly it is another variation on the tribal block mechanism. We have tested and ruled out the two conditions that resemble it the most: the ‘flattened emotions’ problem; and the veiled peak state problem (they can acquire new peak states, they just can’t keep them). It also has nothing to do with the location or size of the CoA. We continue to investigate.

### *Diagnostic Criteria for a Locked Inner Peace Block to Peak States (Revision 1.0)*

- The client is very functional, peaceful, and generally content.
- He does *not* feel depressed or emotionally ‘flat’.
- Past or present traumas have no emotional or physical ‘charge’ or content.
- The person has no unusual spiritual or shamanic abilities.
- He cannot acquire the sensations of any other peak state, except perhaps in momentary glimpses.
- Even if the client has other peak states, he will not be able to feel any corresponding sensations – yet therapists who can ‘merge’ with the client can still feel (or ‘see’) that the client has them.
- The client has a subtle sense of safety at all times, but he lacks a clear feeling of being totally present and fully alive.

### **Clients with Triune Brain Shutdown States**

In Volume 1, I described a disorder of the triune brains – the various types of triune brain ‘shutdown’ states. In this condition, the client has one (or more) of his triune brains shut itself off. When this happens, he loses the ability that the brain was biologically designed to bring to the organism. For example, the mind brain brings the ability to form judgments, the heart the ability to feel that others are people and not just objects, the body the sensation of time passing, etc. This isn’t an all-or-nothing problem – clients can have various degrees of it in one or more of the triune brains.

This problem is rare in the general population. However, it does happen and therapists need to be aware that this problem exists, so that they address and treat the client’s problem correctly – normal trauma healing processes will have no effect. Clients with shutdown states occasionally show up for conventional therapy. But they also come to peak state therapists; they too hold hope for living a better life.

If the client has had a shutdown state long enough, he will consider it to be normal and just work around the resulting disabilities. If the brain spontaneously ‘turns back on’, most people find it a mixed blessing – they regain an ability but their inner landscape has a new ‘player’. This usually feels uncomfortable, like having another child move into a dysfunctional household. If they’ve just had a triune brain turn back on, just simply explaining what happened and showing them how to use self-help trauma techniques is usually sufficient.

However, if a client with a shutdown state comes to you to gain a peak state, you must ‘turn on’ the brain first before continuing. If his shutdown state was of a relatively short duration, having him just want the missing ability back (“I want to be able to form judgments”, “I want to be able to feel emotions”, etc.) usually works. If the problem has been of very long duration, then this simple process may not work. The underlying brain dynamics need to be directly addressed. For these people, the brain stays shut off because it is trying to protect itself from the other brains. The others hold negative feelings about the shutdown brain, and these feelings need to be healed. It’s very much like a cowering child who is being tormented by the anger and revulsion of his playmates – you need to heal the other children’s feelings first so that the child in hiding will return. The simplest treatment for this problem for therapists using average consciousness techniques is to apply the Courteau Projection Technique™. This works for most clients. If it doesn’t, a therapist with more advanced skills is presently needed, although we hope to have a Gaia command process for this eventually.

**Example:**

A client wanted to recover the feelings of love and happiness she’d once had for several weeks while on a trip. With questioning, I was surprised to find that her normal state was one of ‘heart shutdown’. In it, she has no experience of emotions, and experienced other people as if they were objects, like rocks. It had been like this as long as she could recall. Her peak state she’d had during her trip was in two parts – her heart awareness had turned back on, and it had fused with the body awareness.

The event that triggered her temporary peak state was a moment when she suddenly stopped hating and loathing her mother. Her inner brain dynamics explain this – she was unconsciously projecting onto her mother the hatred her body consciousness had about her own heart consciousness. As her heart was identifying itself as the mother, its response to the body’s hatred was to wall itself off.

To heal this, we simply addressed her feelings about the situation with her mother in the real world. This actually addressed the feelings her triune brains had about each other. Abating this hatred momentarily brought a temporary return of her peak state for the first time in over a decade. She quickly lost it again when the feeling “I will judge myself (negatively) for loving my mom” arose, which caused the heart brain to retreat again.

**The Flattened Emotions Block**

People with this problem superficially resemble people with the locked Inner Peace block. Both of these problems stop people from feeling their traumatic memories, just as the Inner Peace state does. However, unlike the locked Inner Peace problem, or the healthy Inner Peace state, a person with the full ‘flattened emotions’ problem cannot ever feel any emotions, be they positive or negative, no matter what is happening in their lives. This condition has a range from mild

suppression of emotions to full suppression, but whatever the level, the client is stuck with it – the condition doesn't vary. Also, unlike the locked Inner Peace problem or the Inner Peace state, where the person feels fairly good at all times, people with the global flat affect block find themselves feeling somewhat mildly, continuously depressed (dysthymia). They realize that they can't feel anything at all, be it positive or negative. This inability to feel soon causes an underlying sense of depression, although it may take a while for them to realize this, if the block has shut off chronic, painful feelings. This block not only blocks all emotions; it also completely blocks any pleasurable peak state sensations and feelings.

The flattened emotions block is extremely easy for most people to acquire, and appears to be continuous and permanent for those who do. We first discovered it when we were trying to stabilize lost peak experiences in clients. It can be induced by a very simple procedure, which unfortunately can happen all too easily by accident. We were having clients rapidly shift their attention between a past peak experience and the present moment. A mere four or five alternating shifts was adequate for this problem to lock itself in for almost everyone who tried this experiment, and in most people the condition is irreversible without treatment. This activates a very common precellular heart trauma that causes the condition. Fortunately, healing it is straightforward, and is done by eliminating the relevant developmental event trauma.

## DANGER

*Repeated, rapid shifting of attention from a past moment to the present causes a permanent loss of the ability to feel either positive or negative feelings. For most people, this problem will not go away by itself – treatment is required.*

### *Diagnostic Criteria for a Flattened Emotions Block to Peak States (Revision 1.0)*

- The client feels functional and capable. He describes himself as feeling continuously peaceful and un-triggered.
- He *does* feel mildly depressed or ‘flat’ to himself.
- Past or present traumas have no emotional or physical ‘charge’ or content to him – situations or circumstances do not trigger any emotional reactions.
- He has no unusual spiritual or shamanic abilities.
- He cannot acquire any peak state sensations, not even in momentary glimpses.
- He lacks a clear feeling of being totally present and fully alive.

## Key Points

- Many internal mechanisms exist that block acquiring peak states, beyond simple developmental event trauma. These include cording,

- avoiding one's optimum life's path, the dysfunctional homeostasis block, a dominant issue, the locked inner peace block, and the tribal block.
- Newly acquired peak states can sometimes be lost due to the actions of various triune brains, because traumas (and sometimes other mechanisms) cause them to act this way. We call this the dysfunctional homeostasis block to peak states. These traumas can be healed, eliminating this behavior.
  - Some people have a dominant issue that keeps them from experiencing peak states until the issue is healed.
  - Most of people's behavior is unconsciously directed by their familial, social and cultural groups. We call this the phenomenon the 'tribal block'.
  - Most people unconsciously avoid trying to acquire peak states because of the tribal block problem. If they actually attempt to do so, the tribal block typically causes them to fail.
  - It is possible to have a peak state, yet feel none of its characteristics. We call these 'veiled peak states'.
  - Various problems have to be dealt with in some clients to get them up to average consciousness before peak states work can or should be done. These include brain shutdown states and the flattened emotions block (a type of depression).

## Suggested Reading and Websites

### About tribal and species influences

- Karla McLaren, *Your Aura and Your Chakras: The Owner's Manual*, Weiser Books, 1998.

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### Benefits and Risks of Acquiring Extraordinary Spiritual and Shamanic States

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"I wish this path on no one, for the path is difficult, at times painful, and always lonely. Search your heart and know that this is what you want more than life. Know that this path will mean hardship, asceticism, loneliness, and the abandoning of all that modern society teaches. Know that you will lose friends, and that you will never return to where you have been. Know that once you choose to walk this path, you will walk it forever, or perish. Decide if you are willing to dedicate the rest of your life to this path, and know that there is no room on this path for you. The you that you are dies, and you become a bridge to be used by the Creator and Creation. You, your wants and needs, must always become second to that path, for you cannot serve the path and yourself."

-Grandfather, speaking to Tom Brown, Jr. in *The Vision*.

In my own case, perhaps because of my lifelong Beauty Way experience, after I get through suffering with whatever developmental event I am working on, changes in my consciousness and new sensations are a positive experience (except hell realm experiences and such). It's sort of like winning a marathon. Of course, sometimes I wasn't sure I was going to *survive* the changes when they first happened, as they were often so drastic ("Uh-oh, how am I going to go to work on Monday like this?") – but if I'd known what to expect, as my students do, I wouldn't have been concerned and could have enjoyed it a lot more. However, unlike a marathon, my *life* didn't go back to normal after each race. Pursuing this quest cost me a marriage to a wonderful woman, because as much as I loved her, she couldn't support what I felt I had to do – and that was truly heartbreaking. I also had to let go of my engineering and teaching career, because I needed the time outside of work to follow my intuitions into the unknown. And I had to let go of many friends, because I wasn't strong enough to handle their often hostile criticisms and my own doubts at the same time.

Believe me, following my life's purpose has led to more suffering than I could have ever imagined, just as Grandfather warns.

After we started to develop processes to put other people into various peak states, we field-tested them on volunteers who weren't part of the research team. Since the processes involved healing traumas, and often severe traumas, I wasn't surprised by how painful and difficult some people found the work, as by that time I had already worked on thousands of trauma clients. Also, I was not surprised that many people had adjustment problems, because these happen anyway when using powerful trauma-healing techniques on core issues. However, I was taken completely by surprise at many people's reactions to the states themselves. The problems fell into two main groups – at one extreme, "This state is no big thing", and at the other extreme, "This state is too overwhelming".

Folks who felt it was no big thing, especially with states I knew had a pretty major impact, had different reasons for saying it. Some already had the state occasionally or partially, and so were used to it. Others had only acquired a partial state through the process and so, naturally enough, did not experience much. Figuring out ways to spot this and deal with it took a long time.

The ones who were overwhelmed often had good reason to be. Some had never felt any kind of peak states, and the release of tension with new internal feelings was a major change. Others found their whole lives instantly changing, from relationships to jobs, with their loved ones in a panic over the new interpersonal dynamics.

In medical research, once a new technique or treatment is tested on large groups of people, it is to be expected that some of them will have unexpected problems. Peak states processes are the same in that respect. For example, back in the early days, before we had worked out where in time the important events were, a friend volunteered to explore. We went into memories of his birth where he worked on being trapped in the womb. I was suspicious that he had not healed it fully, but he said he felt wonderful, and for months he seemed to be having a great time. However, it turns out that he had actually moved into a manic phase of bipolar disorder – something that he had never experienced before. Sometimes the problems were not so obvious – a few years later, we were starting to put people into the Creator Awareness state. Occasionally, some would suddenly start saying things like "Everything is the way it should be", lose their drive to help others, and quit peak states work. I was pretty sure that this was a problem and not a symptom of an advanced state of consciousness, but the people affected by it disagreed. Fortunately, in 2003 a student had this happen during his training, realized something was very wrong and came up with a simple solution.

## **Chapter Overview**

As you acquire the various peak states involved with the non-physical realms of being described in this volume, you continuously experience yourself in new ways, ones that can make your old conventional existence feel like a

sojourn to hell by comparison. However, there are both benefits *and* risks, potential problems and dangers that can occur using fast methods for acquiring these states.

This chapter is written for both clients and therapists who are working with our fast new methods for acquiring peak states. There are three kinds of potential problems we have seen: ones that occur while using powerful therapies to heal traumas, but that are not specifically related to peak states work; problems from acquiring the peak states themselves; and adjustment problems after peak states are acquired. They are mentioned here so that therapists and clients can plan on how to deal with them if they arise. (Chapter 21 discusses the optimum order for acquiring these extraordinary states so as to minimize adjustment problems.)

To avoid the problem of false expectations, I discuss the reasons why some people are more affected by the new states than other people; and why some people are disappointed when they get one of these states even though it has a powerful effect on them.

Unfortunately, as more people use these processes, we anticipate that new and unforeseen problems will show up. Remember, this book is just a frozen snapshot of our ongoing research – we fully expect to find new problems after this edition is published. Both clients and therapists doing this work must expect this possibility. For example, therapists should understand and be prepared to manage spiritual emergencies in their clients who use peak state processes.

The chapter ends with a checklist for therapists who are inducing peak states in clients.

### **Benefits of Acquiring Extraordinary Peak States**

Appendix C gives descriptions of all the shamanic and spiritual states that we have identified so far. The processes in the companion manual for this book are in most cases relatively fast and effective (although this depends on how much time we have had to refine them; some of the processes are very new and relatively untested). Although people may need assistance, with perseverance I expect most can succeed and acquire peak states. That's the good news.

If I were in your shoes reading this book, I would probably have a mixture of feelings at this point: excitement, doubt, and trepidation all spring to mind. Just assume for a minute that the material in this book is true, and really works as I say it does for most people. What *I'd* want to know is whether acquiring these states is really going to improve my life, or make it worse? After all, we have the real world to deal with, not some isolated mountaintop. Fortunately, after years of experience with bringing students and colleagues into the states covered in this volume, I can say that most people find these states of profound value and benefit in their day-to-day lives. More specifically, in this section I'll discuss the positive changes that can occur – what might happen to you, and how it might change your relationships to family and friends. In the next section, I'll discuss what can go wrong, and the pros and cons of our trauma-healing approach.

Let me start by putting this work in perspective. Remember that these states are your birthright; indeed, there are some people walking around who have had peak states since birth. The states just feel ordinary to them. Thus, after a time, you'll most likely also get used to the states and consider them to be just ordinary too. In fact, after some time passes, many people have a hard time even noticing they have the new peak state because they've grown so accustomed to it. We seldom notice when our bodies are feeling well and healthy, after all – it is pain and suffering that grab our attention.

For most people, many of the peak states described in this volume are experienced as exceptionally wonderful, often what they've been looking for all their lives, and no other problems arise. Some states give direct experiences of the sacred, of the divine, and so on. Even more amazingly, we detail states in this book that allow you to 'converse' with the planetary consciousness or with the Creator itself. For many people, especially those who were attracted to religious, spiritual, or shamanic practices, this is exactly what they've been searching for. Paradoxically, we've seen that most people, after the first rush of interest in these new abilities, don't use them unless reminded to!

Do these states improve one's relationships with spouses, children, friends, or co-workers? Again, it depends on the state, *and* on the types of traumas you have that are active in your life. Traumatic material and other influences may still cause you to act in your habitually dysfunctional ways. Some peak states, especially the Underlying Happiness, Inner Peace, or better triune brain fusion states certainly make you more pleasant to other people around you. Additionally, with training, some of the peak states make it much, much easier to eliminate interpersonal issues. There are no hard-and-fast rules, but in general, having more peak states is better for your interactions with people.

Does acquiring some of these peak states change one's personality? I don't yet have any general conclusions, and it's going to take a lot more people acquiring these states before I will be able to give a definitive answer. Given that, I'd say that it depends on the person. Sometimes, if someone's personality was formed around the lack of a peak state, and the lack goes away by restoring the state, it can change the way the person interacts with the world quite drastically. For example, I've seen negative, unhappy people turn into positive, happy people. Others, who were positive and cheerful to start with, just seemed to become more so.

### **Problems and Safety Issues with Trauma Healing**

I cannot stress enough that peak state work using trauma healing is potentially dangerous. However, aside from the tribal block problem mentioned in the previous chapter, the problems that might arise are not unique to peak states work: they are exactly the same problems that *any* powerful healing modality or spiritual practice can evoke. Many people have the erroneous impression that deep inner work is intrinsically safe. It is not! Therapies and spiritual practices that can trigger severe, disabling or life-threatening problems are now readily available to the average person. Unfortunately, many, perhaps

even most students do not receive adequate training on what to do when things go wrong. This omission is particularly noticeable with spiritual practices: the serious problem of spiritual emergencies is often completely ignored by teachers and students alike.

At this time in history, unusual circumstances make the problem of inadequate training extremely common. Because conventional psychotherapy methods fail, in many cases, to provide adequate assistance to clients, people are forced to look for alternatives outside of the licensed professions. Alternative therapies or spiritual and religious practices come in to fill this gap. Often people do not even realize that things can go wrong with a technique they have learned, and have absolutely no idea about what to do if it does. Most of the time people do not encounter unusual problems, but it is only a matter of time before some do. If you are reading this book and you do not have experience dealing with abreaction, do not work on yourself without supervision, and certainly do not work on other people. Legally, of course, if something does go wrong for your client, you could be liable for civil damages or face criminal prosecution. Unless you are fully licensed and qualified to use power and regression therapies and you know what to do if things go wrong, treat the information in this book as information only. In a nutshell, “do no harm”.

You can be sure that unusual healing problems will arise in this work. Since a peak state process generally has to heal a number of issues, through sheer statistical probability there is more likelihood of encountering a problem during it than during a typical single-issue therapy session. Worse, since we are deliberately looking for developmental events that occurred with major trauma, the likelihood that we will encounter unusual problems is greatly increased.

### *The Client's Perspective*

So far we've been focused on the therapist. From the clients' perspective, there are also some differences between peak state processes and typical healing sessions. The major one is that peak state processes using trauma healing uncover pre-existing traumas, often painfully severe traumas, that *weren't* causing any obvious symptoms. From their viewpoint, the process has ‘created’ suffering where none existed before. Clients usually don't understand that the suffering was already there but just suppressed, un-triggered, or hidden. In contrast, typical therapy clients are already in pain. They usually don't object too much if they experience more pain during the process, if they understand that the pain is an unavoidable aspect of treatment. Comparing this to visiting a dentist for a toothache is a helpful analogy for many clients.

Another difference is the time commitment. Healing one or two issues with competent help is usually done quickly with the newer therapies, and then the client goes back to his regular life. (For example, Gay Hendricks, the well-known body-centered therapist, used to say that the typical client should have his issue resolved in one, two, or at most three sessions.) However, the first-generation tools we're using to recover peak states can take considerable time for some clients, because there are often multiple issues to heal. Moreover, since

there are a lot of peak states, a client who wants more than one might end up spending considerable time, effort and discomfort to recover them.

Clients should also be aware that peak state work can trigger a ‘spiritual emergency’. (A number of books on the topic are listed at the end of this chapter.) These emergencies are typically evoked by using spiritual practices, especially tantra and meditation. What isn’t well known is that they are also triggered by powerful therapies, although less frequently. Fortunately, in this work the emergency usually ends when the current trauma is healed. However, special care must be taken to watch for classic Kundalini (an area of heat slowly rising up the spine) – see *The Basic Whole-Hearted Healing™ Manual* for how to eliminate it.

### Example

During an Underlying Happiness state process, a woman activated a spiritual emergency but wasn’t willing to continue working with the therapist to resolve it: “I went from feeling pain at perceived rejection from my boyfriend, to perceived rejection from my mother, to the placental death, to the ‘matrix’. At the matrix, I saw that what we configure into our human reality is very different from the energy reality. I saw that words and physical events are like shorthand that only symbolize very grand energies and bare little similarity to them.

“The matrix is the energy foundation for an individual human life. At the matrix, I saw how a life is laid out. Some would call it a “pool of probabilities.” It is a holographic intersection of energy waves. Every detail of a person’s life, including which sperm and egg will meet, is laid out already. Gigantic energies are involved. It is like the white hole intersecting with the black hole to manifest a human conception in the physical. A human conception has as much energy behind it as the creation of a universe. The pre-birth process, which is described in physically observable reality as ‘sperm’, ‘egg’, ‘zygote’, ‘fetus’, ‘placenta’, bears little relation to the energy events that take place. The enormous forces that collide and create the holograph appear microscopically tiny in our physical world. What a laugh! I knew that whatever experience a person described in the regression states would only be a shorthand for the energy waves that crashed together and turned the delicate human awareness into what it was.

“Anyway, I became very angry and felt betrayed by the many people that have talked about free will, changing one’s reality, and all of that, since it was clearly already decided. I understood why no one could really be judged. I felt much more compassion. I also felt bleak and sad. It was as if I was deluding myself to believe in any motivation to do anything, since it would all be based on the lie that I could create change. I saw I had been set adrift into the world like a little Hubble telescope to gather data, with the Creator completely unaware and uncaring about my situation. My hopes and dreams were nothing, as were my pain and despair. I could see how

someone might feel suicidal at this point, because it was all so utterly predetermined.

"I felt exhausted, nauseous, electrified like my skin was peeling off, a bitter taste in my mouth, and in a very bleak state. I finally realized that the matrix had to have been set in motion somehow, and I called this origin 'the Creator'. I realized that my only chance at altering my life was to contact the Creator and somehow change something. It was as though my awareness was a thought of the Creator, traveling down the nerve cell that was my life. I cannot change the nature of the nerve cell or its path, but perhaps I can change the thought that the Creator is having or perhaps I can latch my awareness to a slightly different thought.

"I have not had any joy for the past month, or since I had that matrix experience. I feel like I have been in a somewhat traumatized state ever since. Nothing really seems to help much."

Another potential reaction some clients (and therapists) might have to using trauma healing for acquiring peak states is the feeling that their life is filled with only pain and negativity. This can interfere with the gains they've made. If healing takes more than one office visit, I *highly* recommend that the clients intentionally 'switch gears' towards a positive frame of mind when leaving the office. It is very helpful for many clients to stay focused on the positive (i.e., choose to feel good) by deliberately finding things to laugh about (such as humorous movies), and to appreciate between sessions. More systematically, I highly recommend using Jacquelyn Aldana's 15-Minute Miracle process (or an equivalent) every day to retain balance.

### *Specific Problems and Safety Issues with Power Therapies*

Different therapies may trigger different problems that are covered in their respective training manuals. For example, our *Basic Whole-Hearted Healing Manual* describes the ones that we've seen with regression trauma healing. Unfortunately, most licensed therapists don't have the required extensive power therapy or regression training that is required. *If you are not a trained therapist in power therapies and regression, you should not do this work on peak state clients until you have had adequate training in how to heal the problems that can arise, and have an adequate support structure ready for emergencies.* I've listed below some of the potential problems that can occur so you can spot check to see if your background is adequate:

#### *Before sessions:*

- Is the person suicidal, or is there a history of suicidal ideation? We recommend that these clients do *not* use most peak state processes.
- If a client suddenly becomes suicidal, do you know how to treat this problem? If you can't, do you know what to do with a suicidal client, such as finding a 24-hour suicide watch facility or trained professional?

- Does the client have a heart condition or other medical disorder that may become life-threatening during the process?
- Are you comfortable with, and do you know how to deal with sexual abuse issues if they arise?
- Do you know which clients are poor candidates for the power therapies you use?
- Is the client well adjusted and emotionally stable? Peak state processes are not appropriate for psychologically disturbed clients.
- Have you had the clients sign a liability form, and explained the experimental nature of this work?
- Have you warned them of potential problems, such as painful emotional and physical pain arising during the process, and possibly for a long time afterward?
- Have you informed the client that a peak state process may give them more peak states than they were expecting, and that any peak state can cause adjustment problems?
- Have your clients been warned about potential spiritual emergencies?
- Have you checked for unusual conditions, unique to the client, that require specially trained help?

*During sessions:*

- Do you know how to heal suicidal ideation if it arises? (Remember that restoring suicidal clients' energy level often gives them enough strength to kill themselves if the feeling is not completely gone.) Overwhelming suicidal feelings can erupt when working with placental death and associated birth trauma.
- Are you adequately prepared for the intense psychological experiences your client might encounter? Conventional problems include memories of sexual or physical abuse, extreme grief or anger, suicidal feelings, reliving of horrific traumas, etc.
- Are you prepared for the intense prenatal, perinatal, cellular, or precellular experiences that can occur? These include experiences of physical compression or dismemberment, extreme emotional positions held by brain awarenesses, projection onto current circumstances and the therapist, etc. Are you comfortable when clients encounter them?
- Can you recognize when positive feelings are also trauma based?
- Are you prepared for the intense spiritual experiences that can occur? These include experiences of evil, annihilation, death, painful structures appearing inside the body, horrific past lives, false identities, holes, copies, etc.
- Are you familiar with developmental events and their associated traumas so that you know what to do when your client encounters them?
- Are you prepared to take whatever time is necessary in the current session to get your client out of trouble?

### *Between sessions:*

- If a trauma isn't completely healed during a session, symptoms may persist, sometimes for months if they are not addressed. Has the client been warned not to make any important decisions? Can he drive safely?
- Have you made arrangements in the event that your client has further traumatic material come up after a session?
- Some clients (approximately one in 100) have new traumatic material come up continuously for months after a session. Are you (and they) prepared for this?
- A spiritual emergency can be triggered, especially if the healing isn't completed.
- Dreams (often nightmares) can occur that have the same emotions and sensations as the traumas that have been or are about to be addressed, especially after a peak state process is started but not finished.

### **Specific Benefits and Potential Problems with the Various Realm States**

This section summarizes some of the benefits and potential problems of actually acquiring specific states.

#### *States Involving Gaia*

One can gain a mild form of Gaia connection by using the 15-Minute Miracle (or similar processes described in Volume 1). This simple process has a major impact on quality of life and manifesting for most people. In this volume, we viewed Gaia connection in a much more profound way. Gaining the ability to hear Gaia is very important for our research into peak states and the causes of certain types of diseases. I know of no specific problems with doing this.

The World Inside Body state has the advantage of making life much more visceral and pleasant, and greatly increases one's creativity. This may be accompanied by a bit of discomfort if people and objects move abruptly in your presence, although it can equally be experienced as pleasurable, in the same way a roller coaster ride can be experienced as either fun or nauseating.

The God/Goddess Gaia state is more problematic. On the positive side several of my colleagues feel that some degree of the full state has great benefits. I have found that entering the state is appropriate in some situations. For example, my partner and I sometimes entered the state simultaneously and interacted at that level for brief periods of intimacy, a practice found in some tantric rituals. However, as I noted in the chapter on Gaia, it is possible to have very negative experiences if the triune brains are not well fused. And the full experience of becoming a totally non-human being, to me, doesn't leave much room for normal human interaction. Thus, I haven't done any work in making this state permanent or applied the developmental events model to it. However, it may be that this state should be integrated into a person's life, so we continue to study it.

The Regenerative Healing state, if it exists as a distinct state (as we currently believe it does), obviously has the benefit of allowing us to repair virtually any damage to our bodies. As of this writing, I know of no problems with the state.

### *States Involving the Realm of the Sacred*

Another set of major states comes from connection to the realm of the Sacred. It is possible to acquire the Sacred Body state only partially, where one's body radiates an intense and wonderful feeling of sacredness. I know of no drawbacks to this state. However, the full Sacred Beings state should be done last in personal development work! It will have a *major* impact on one's life and sense of self. On the positive side, this state eliminates a subtle, pervasive pain that virtually everyone lives with unknowingly. If the state is partial, one can watch and feel what looks like a gigantic totem pole appearing inside oneself. This state usually requires significant adjustment time, and such simple activities as moving through three-dimensional space can be very confusing for a while.

However, if the state is acquired fully, the sense of being an observer ends along with one's sense of being a human. As in the God/Goddess state, some people no longer experience themselves as human beings afterwards. As undesirable as this may sound, it is a far, far better way to live than in average consciousness. It's a very strange state, as the person who wants to gain it no longer exists after it is attained. When I first temporarily encountered this state, I had strong doubts that it was possible to ever integrate it into one's life at all! Later, I found that its impact varies greatly from person to person.

#### **Example:**

At one of my trainings, Louise Freeman ran a Sacred Beings process on herself and unblocked the full state. This is a major change that usually requires significant adjustment time. However, to my surprise Louise was perfectly comfortable from the first moments. Upon questioning, I found out that in her twenties she'd had what she thought of as a five-year period of severe psychosis. It turns out that she'd been touching on the Sacred Beings state, which is so radically different that she though she'd gone insane. "I never spent time in therapy because I thought I didn't exist. There was no point. I spent the next 30 years hoping to understand what I had experienced."

I cite her experience to emphasize that these processes are not necessarily 'safe' even when they work perfectly. The state that this process can give you is so extreme that without preparation or understanding, you could find yourself in the same situation the younger Louise did.

Another problem with this state is that, in the process of acquiring it, feelings of complete annihilation will arise for most people. Naturally enough, most clients will flee the process and stop doing any work with peak states ever again unless they get support at this stage. As I mentioned previously, the use of traditional techniques such as Tom Brown, Jr.'s, or the direct induction

processes that we teach, is very helpful to give people a temporary taste of what is to come.

### *States Involving the Void and the Creator*

The Void is another major realm. Acquiring the Void Connection state has had only positive consequences for the few people whom we have tested it on.

Creator states are very important states for a variety of reasons. Most obvious are the sensations they give, the chance to personally explore issues of life and death, the ability to regress at will, along with a variety of other abilities. In particular, the Creator Connection state can bring extreme feelings of bliss. The people tested so far all quickly grew accustomed to the bliss sensation, and continued normal life.

However, there is a major potential problem with the Creator Awareness state. The state can be partially acquired which leads to an over-identification with the Creator (or the oversoul). The Creator can't be harmed and doesn't die. Over-identification causes people to inappropriately accept whatever is going on around them or in themselves. They use phrases like "Everything is as it should be" when it's obvious to others that things are not okay and need to be dealt with. People with this problem lose interest in making the effort required to heal or help people.

### *The Brain Light State*

During birth, the Creator requires the triune brains to individually choose either good or evil. Unlike peak states, this choice remains active and influences our lives profoundly. In most cases the brains typically choose mild evil or mild good (it is like setting an internal thermometer) with roughly half of their brains on the evil side and half on the good side. After birth, each brain feels its needs will be met by acting out the polarity it chose. Unfortunately, this polarization typically creates lifelong internal conflicts and external problems. A choice for good is very important for interpersonal relationships. It is also a major factor in triune brain fusion states, since brains that choose good are somewhat revolted by the sensations in the brains that chose evil. I have not seen any problems with a choice for good – but I've seen a lot of problems with people who have one or more triune brains choose evil.

An extreme brain light state causes the way people perceive each other to radically and positively change. In addition to normal conversational interactions, one now 'sees' and interacts with the light of awareness inside the person one is talking to.

### *The Spaciousness State*

Virtually everyone who has the Spaciousness state agrees that it just feels wonderful. Additionally, there is a unique sensation that other people's emotional drama hasn't any effect, as if it were very far away. However, this feature of the state can cause a significant interpersonal problem with family, loved ones, and any close relationships. In the state, you may feel to others as if

you're emotionally disconnected. The abrupt change when one enters the state can trigger feelings of abandonment and separation, especially in spouses. This is because most people learn as children the dysfunctional pattern that closeness means interacting with emotional drama, and in spaciousness that feeling of being connected by drama disappears.

I don't know of any solution to this problem, other than having the spouse also enter the state. Fortunately, this hasn't been a significant issue for most of our clients, perhaps because their spouses and children soon get used to it.

### *States Involving Miscellaneous Spiritual Phenomena*

A number of the states in this book don't directly involve any of the realms, but nevertheless involve non-physical phenomena. For example, removing the skin boundary in the No-Skin state makes traumatic experiences stop feeling personal. This makes healing and interpersonal issues much easier, and is important for people who plan on healing other people. Occasionally, during the process some people get a feeling of being naked, vulnerable, and exposed. This is quickly eliminated using standard healing techniques.

#### **Example:**

A student was using Primary Cell Technique to heal an area in her primary cell nucleus when she unexpectedly acquired the Hollow and No-Skin states. "I noticed something was not like before. Still 'recovering' from this experience, I thought I was heading for trouble. I thought I had lost something – I couldn't feel anything physical. All sense of having a physical body was gone. I was made of this luminous air. It felt like I was brightly transparent, like air shimmering in the sun. I was fortunate that Grant was present when this happened to me. I felt reassured once I understood what was going on."

### **Potential Problems after Acquiring Extraordinary Peak States**

Acquiring new peak states can sometimes create a number of challenges, problems, and negative reactions even with reasonably well-integrated, healthy clients. The problems we see the most often fall into various categories: fear around new, unfamiliar internal sensations or loss of old familiar sensations; adjustment problems with the new, sometimes radical changes in perception; conflicts with strongly-held religious beliefs; loss of interest in current loved ones and friends as interests shift; difficulties with others who find the client's new state threatening; feelings of failure and resentment if the state isn't what is really desired; despair if the new state is lost; and pressure from our species to conform to life without peak states.

#### **Example:**

Wes Gietz: "My first experience with an extended peak state, as opposed to a momentary experience, was the result of a combination of three events. The first of these was from a six-day course at Tom Brown, Jr.'s Tracker

School, intensive learning about the natural world and its spiritual aspects. After five days, I was in a peak state. The second event was on the last night of the course at my first sweat lodge experience, which considerably enhanced the peak state. The third event was a vision I had upon emerging from the sweat lodge.

“These three events put me into a state of awareness that I had not remotely experienced before. For two weeks after returning home, I was not able to function at work (I was self-employed as a consultant). I didn’t even care about food. I would remind myself to eat only because I knew I’d be in trouble if I didn’t.

“I couldn’t stop the sensations, the new ways of perceiving, and I couldn’t function analytically because these perceptions and sensations were so intense they occupied almost all of my attention. The emotions I felt were a sense of joy and wonder at the beauty and power of the new sensations, some sadness which had a variety of causes, and fear that I would stay non-functional.

“It took a considerable effort and several weeks before I was able to work consistently again. At the time, the only way I knew how to do that was to suppress the state. The sadness became stronger, and was now specifically related to loss of the peak state. Another strong emotion was loneliness, as I found no one to talk to about my experience.

“Walking the razor’s edge between functionality and peak states remains a challenge for me, but has become easier as my understanding and experience improve. I don’t have to suppress peak states; in fact, my work now utilizes, enhances and supports them.”

The problems that can arise from acquiring extraordinary peak states are well described in the literature on spiritual emergencies. Although the methods that people used to acquire their states (meditation, experiences of nature, etc.) differ from our trauma-healing approach, the problems that can arise are the same. I strongly recommend that everyone who is planning to work in the peak states field become thoroughly familiar with the excellent literature and case studies that are available. I’ve included a few references at the end of this chapter for that purpose.

#### *Adjustment Problems Due to the New Sensations*

The impact of newly acquired states can vary drastically among people. By impact, I mean that the student may need some time to get used to the new sensations and abilities, before he’s ready to resume his normal life. This can take minutes to days. It can also take quite a bit longer to get fully comfortable with the new state – a bit like learning to ride a bike. The impact depends on the person, and on the particular state they’re working with. Some states have a huge impact for almost everyone, while others have a much lesser effect for most. However, we can’t anticipate how a person will react.

Even though the states are intrinsically positive, some students can find this new level of positive experience strange or disturbing. The states that my students find particularly strange or disturbing vary greatly from person to person. There's no sure way to tell ahead of time, since our cultural and traumatic pasts have a huge influence on how we feel about the new sensations and abilities that we suddenly experience. If the discomfort doesn't pass quickly after they are reassured that the new sensations are normal and to be expected, these people will require more trauma healing around their feelings. By analogy, it can be like winning a million dollars (the new state), but then obsessing over taxes and what all your friends will think and want from you (negative feelings about the state).

**Example:**

One client entered the Inner Peace state quite quickly. We started on the Hollow state, and she could start to feel its effect on her. She quickly stopped the process, explaining that she didn't want to stop feeling her emotions. The new state causes emotions to be experienced quite differently, and she was unwilling to accept that change.

**Example:**

A colleague was entering the Hollow state, and began to panic as the inside of her body felt like it was disappearing. In her words, she felt like a “bit of ash floating on the wind” and this felt like something was going wrong with the process. Reassuring her allowed the process to continue, and she rapidly got used to it.

**Example:**

I've seen two students who came to this work with the strong feeling that "Nothing ever works for me." Interestingly, this feeling was so strong in them that even though they did acquire a peak state, they quickly managed to pretend to themselves that nothing had happened – even though the state characteristics were still strongly present!

**Example:**

Paula had already gotten used to the sensation of no longer having a body with the No-Skin and Hollow states. However, this didn't stop fear and negative thoughts from arising when a new state caused her to stop feeling like herself. "Everything felt so weird." Reassuring her and having her heal her fear fixed the problem. "I can understand why my fear kicked in like a 'red alert'. The fear felt like a membrane of a cell or the 'container' of energy. It created boundary, a sense of individuation and the illusion of protection. After healing the fear, the sense of inner expansion was quite dramatic. Because there is no boundary and I am so expanded, the sense of Me is gone. It still took me a while to get used to the feeling that I'm not a person anymore."

### *Conflicts with Strongly-Held Religious Beliefs*

Many of the possible states give sensations or confer abilities that may cause an abrupt conflict with religious training, beliefs, or taboos. This conflict can cause problems that range from subtle unconscious discomfort to major emotional crisis.

Conflicts with childhood religious indoctrination can still occur even with typically well-adjusted clients. Usually the upset is relatively mild, although it often catches the clients by surprise. It is usually easy to deal with, albeit somewhat embarrassing for many clients to admit to. Some examples of this problem are contained in phrases such as: “only good people do this”; “I shouldn’t feel this good”, “only priests and spiritually advanced people do this”; “if you look God directly in the face, you’re going to die”; “women don’t do this, because only men are the priests and shamans”; “I’m not spiritually evolved enough to sustain this”; “I don’t deserve it”, “it would be presumptuous towards God to even hope to be touched by Grace or have a higher spiritual state”, and so on.

#### **Example:**

Using regression, a female client in her 40s, while working on trauma issues, moved incrementally into better Inner Light states. At every increase of light, she had to heal some resistance to having the light. It had to do with her cultural and religious beliefs, summarized in the phrase “this is forbidden ground”. Her emotion was fear and shame, like being caught with her hand in the cookie jar.

Usually, people with strong religious beliefs that are in conflict with our work with peak states simply don’t want to acquire them, or else avoid the states that are potential challenges for them, and so the states don’t become a problem. For example, I’ve had some people tell me that only the ‘devil’ could give the kind of sensations that some of the peak states confer; or that these feelings are reserved for the priests, saints or icons of their particular religion.

However, clients with strongly-held religious beliefs do sometimes show up. If they acquire a peak state that is in conflict with their religious programming, they can go into major crisis and require extensive remedial healing work. This problem can also occur by accident to these types of clients – they may have never experienced even a moment of the target state or ability, and so their expectations can be quite different from the reality. The new state’s characteristics can suddenly and unexpectedly create major emotional trauma due to the conflicts with their strongly-held religious beliefs or church dictates.

To avoid these types of problems, I recommend screening out clients who have strong, rigid and dogmatic religious convictions that could be in conflict with the target state, or the work of peak states in general. However, being affiliated with organized religions is not a problem *per se*; we’ve seen many religious but tolerant people take to peak states like ducks to water. Many of

them have also been people with very genuine spiritual or mystical approaches to their religion, and have already had a number of peak experiences.

**Example:**

An excellent example of a problem with religious dogma appeared in Volume 1. In it, a Mormon woman felt that her new state of Creator Awareness was reserved for the male leaders of her denomination. This put her in a major internal conflict between enjoying the state and feeling that she had to get rid of it. Because of her religious training, she felt she had to hide her new state or be excommunicated.

**Example:**

A man with strict Jewish beliefs called to inquire about the Creator Awareness state. It soon became clear he was worried that what he would experience might not agree with the teachings he'd received. Rather than know for himself, he decided not to acquire the state.

*Adjustment Problems with Acquiring the State Too Quickly*

Another potential problem occurs because of the speed with which we get people into peak states. In other, more traditional approaches, you slowly, over time, touch into a peak state which slowly builds up in strength and duration. However, this *isn't* what happens with our trauma-healing approach. For most people it's going to happen fast, without any warm-up or adjustment time. And some of the states can have a *major* impact. Most people finish the process with a permanent state. In most cases, with the trauma-healing approach there's no backing up if they change their minds. Again, this is in contrast to virtually all traditional approaches. Note that the literature on spiritual emergencies describes the problems some people encounter when they enter major spiritual and shamanic states too quickly. I highly recommend that clinicians become informed on what can happen and master the treatments that have been worked out to assist integration.

I can suggest two other solutions to this problem of dealing with the abrupt, major impact of a state. First, start by using a more traditional process to let people taste the state they're considering. This makes the decision to go ahead much less difficult or frightening for the client. We see a significant number of students who have done this before our workshops, and this makes the work much easier, as they have no hesitation doing what's necessary to succeed. Tom Brown, Jr.'s technique for experiencing different states is one excellent example of this approach. Unfortunately, many people can't get a taste of this (or other states) using traditional methods, without luck and a lot of prior practice. Fortunately, there is a superior alternative: with training, people who have the target state can temporarily induce the state into the client, at least to some extent, so that the client can get a short experience of it. This is also a good way to help evaluate how much impact the particular state might have on a client. Thus, if you feel you need to 'test the water', I recommend you do so.

### *Others May Find Your New State Threatening*

There is another challenge that can occur in this work, and it can be a serious one. Some people find other people with peak states threatening. This problem can manifest in several ways – anger, jealousy, and fear being the most obvious emotions. The tribal block mechanism is usually the cause, making people unconsciously feel that they will die if another person has a peak state, even if they have the same state themselves. When the person affected is a spouse, this can become a serious problem, for they may do their utmost, sometimes in very bizarre ways, to try and make the client leave the new state. I estimate that about one out of five people in the general population have this issue in its extreme form, and as many as 40% have it to some degree. Wes Gietz and I suspect that this is one of the reasons that one of the strongest cautions in Native American shamanism is to be careful about revealing that you have any unusual states or abilities. I explore this problem in more depth in Volume 3.

There are other mechanisms for this behavior besides the tribal block – simple trauma-created behaviors in others can also cause this problem. For example, if the client has acquired Inner Peace, and the spouse feels a need for emotional upset to feel connected to the client (perhaps learned in the family when he or she was a child), the sudden change can evoke extreme behavior as the spouse tries to make the client have emotional reactions - and this can continue until the spouse finds a way to get the client out of the new state, the spouse gets used to the change, the spouse gets professional help, or the relationship ends.

### *Changing Friends and Partners*

There is another potential problem that can exist with regards to your family and friends, both for them and for you. And it can be a major one for some people. After acquiring some peak states, especially major ones, you generally find it easier to interact with people. That's good. However, many people find that they now prefer to interact with people who also have the same or other peak states of consciousness. This can be a problem if your partner doesn't grow similarly. This problem, of course, is hardly unique to peak states work: recovering from addiction, going to college, traveling overseas – any life-changing experience can lead you to feel that you've outgrown your old friends and partners. I don't know of any way to avoid this problem. Life is growth and change, and trying to hold everything in stasis can make for a very miserable existence. The good news here is that it is possible, if your friends or spouse are willing, to also bring them into the state that you're experiencing. And as our processes and techniques get better, I expect it to become so fast and simple that one would consider it to be no more onerous than getting your teeth cleaned.

### **Example:**

After Paula got into the Deep Peace state, she noticed that in social groups, people spent most of their time talking about negative things, illnesses, and

crises. "I find I have nothing to say, because all the discussions are about negative things, and there is, amazingly enough, nothing negative in my life. It makes me feel left out, strangely, and a bit lonely because I can't relate to people the way I used to. I'm having to find new ways to relate to those people, and/or I'll have to find a new set of friends."

### *Disappointment with the State*

When a state doesn't have much impact, it is often because the client has already experienced it on and off for a while, or has had some of the state anyway and so the change isn't too dramatic. We've found that in some cases a client doesn't think much of a given state because he's only acquired a partial state without realizing it, and thus hasn't felt its full effect. I'd say these are the usual reason for my students or colleagues to say that the states in this volume didn't affect them very much.

There is another, very important reason why some people report that even though they've acquired the target peak state, it feels like it doesn't have much of an effect. These people have the idea that a peak state will solve a core or dominant problem that they've been struggling with, often all their lives. When they get the state they've chosen, they're disappointed, because the state didn't change their core issue! This dominant problem needs to be addressed directly, and this possibility must be discussed ahead of time with people doing the work. Generally, trauma healing is required for people with core issues. Other people have been consciously or unconsciously searching for a particular peak state, and when they don't get it, they are very disappointed, regardless of the sensations and abilities that their new state gives them.

### *Reaction to Losing a Peak State*

A potential problem with all peak states exists – its loss. A number of people have come to me over the years who have had a wonderful peak state for various lengths of time, and then lost it. In most cases, re-experiencing what life is like without it creates a major personal crisis, with feelings of depression, futility, and thoughts of suicide for many people. Even after years without the state, most are still desperate to get it back. As we saw in Volume 1, I often hear people describe this loss as "going back to hell". Returning to average consciousness can be a hellish experience even for people who have only had a peak state for a short time. Losing a peak state that one has had since birth is literally like losing a limb or suffering permanent disabling injuries.

This problem often occurs as part of the process of regaining peak states. There is often a period when the client hasn't quite stabilized the new state, so it comes and goes. Clients have to be reassured that this is a normal part of the process, and most people take this in stride. Occasionally, some clients are afraid to do any more healing work after they gain a state, because they don't want to take a chance of losing it again.

In rare cases, a client will lose a peak state after having had it for several weeks. We specifically tell our clients that this can happen, and explain that, just

like during the beginning phase, some previously hidden blocking trauma might arise. Our standard healing processes for peak states generally restore it, and this is usually the last time they lose it.

There is another mechanism that causes a person to lose a peak state, which we believe occurs fairly rarely in the general population. As I mentioned in Chapter 18, this is a particularly odd problem in that the person actually still has the state, but just can't feel it anymore. We call this type of blocked peak state a veiled peak state, as it isn't blocked by trauma. We're working to solve this issue, and hope to have a solution soon, but it is a possibility that your clients need to be aware of. If this is a concern to them, then I suggest waiting a few more years before proceeding, to give us time to solve this problem.

#### *Resistance to Peak States – the 'Tribal Block' and Homeostasis Problems*

As I described in Chapter 18, most students and colleagues will lose any interest in acquiring peak states after some initial progress due to the 'tribal block' and homeostasis problems. This behavior doesn't make any sense from a rational perspective – after all, at this point they know this approach actually works – but it is an extremely common reaction nevertheless. This means that when you talk to people you've done peak states work with, they will show either a 'flatness' and loss of enthusiasm, or display emotional and physical discomfort with the thought of acquiring peak states or even talking about the topic.

This effect can occur before a client acquires a state, but will almost always occur after they actually do get a state. The client will then avoid acquiring any new states, or using the one that they have, resulting in needless, lifelong limitations to the benefits they could have experienced with being alive. If a peak state process takes more than one session, many clients will either avoid continuing the process or tend to subtly sabotage the work they're doing.

#### **Example:**

At the end of a training, a student quite quickly and easily restored Spaciousness state, which she'd been desperately seeking for many years. In the next few days, she lost it again, but rather than rerun the process to pick up missed traumatic material, she told people that the entire training was worthless and she'd seen no evidence of any peak states in anyone – even though she herself had acquired a full Spaciousness state and the ability to use it easily! Her unconscious need to block the work was so intense that she rewrote the past to fit her needed belief.

#### **Example:**

A student took the peak states training, and came into it with the idea that 'nothing ever worked for her'. She acquired several peak states in the course of the five days, but on the last day mentioned that she hadn't gotten any peak states. When checked, she still had the new and unfamiliar sensations

of the states. Yet, her need to feel that nothing ever worked was so strong that it completely overwhelmed her own present physiological experience.

## **Summary of Benefits and Problems with Acquiring Extraordinary Peak States**

### *Benefits:*

- Improved relationships and quality of life.
- Feeling so exceptionally well and with such wonderful sensations that words can't describe it.
- Finding the answers to some of life's most important questions about God and our place in the universe.
- Gaining unusual abilities and perceptions from some states.

### *Drawbacks:*

- Possible changes in one's interests and relationships.
- Time may be required to adjust to the changes before regular routines can be resumed.

### *Risks:*

- Disappointment due to misplaced hope for the solution to personal issues.
- The processes are untested and hence possibly dangerous for psychologically disturbed client populations (except for the Inner Peace Process).
- The work may trigger a spiritual emergency.
- The client may fail to get a given state due to limitations in our current techniques.

### *Checklist for the therapist:*

- Do clients have a misplaced hope for the solution to a 'core' or personal issue they mistakenly believe will be healed with a peak state?
- Have you warned them that most people have to do several healing sessions to stabilize a state?
- Have you addressed the tribal block problem?
- Has the client allocated adjustment time to get used to the state?
- Has the client already stabilized any previous momentary peak states or experiences before embarking on new ones (since these are usually the states that he truly wants)?
- Is the client ready for the target state, perhaps by having acquired states with a lesser impact first?

## Key Points

- Healing techniques and spiritual practices can trigger serious and even life-threatening problems. This fact is often unknown or ignored by most clients, therapists, and spiritual teachers.
- Literature on spiritual emergencies gives good examples and suggestions for treatment for people who have trouble assimilating a new peak state.
- The developmental events model approach to acquiring peak states is new and experimental. Potential risks exist.
- Our processes often give peak states abruptly. Different states have different impacts, depending on the person. Adjustment time is often necessary.
- The Sacred Beings state radically changes consciousness. In almost all cases it should be acquired last because of the severe adjustment problems it causes.

## Suggested Reading and Websites

### On spiritual emergencies

- Emma Bragdon, *A Sourcebook for Helping People with Spiritual Problems*, Lightening Up Press, 1994. Focused on procedures for helping people in these crises. Formerly called *A Sourcebook for Helping People in Spiritual Emergency*.
- Stanislav and Christina Grof MD, eds., *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, Jeremy P. Tarcher, 1989. The formative book in the field, with articles by Grof, Assagioli, Laing, Perry, Kalweit, Sannella, Armstrong, Kornfield, Ram Dass, and others. Includes experiences that lie outside of Grof's topology.
- Christina and Stanislav Grof, *The Stormy Search for the Self: A Guide to Personal Growth through Transformational Crisis*, by Jeremy P. Tarcher, Inc. 1990. The variety and experiences possible in spiritual emergency are described in great detail. The section on self-help strategies is excellent. The bibliography is divided up into the types of experiences making it very useful.
- Yvonne Kason MD, *A Farther Shore: How Near-Death and Other Extraordinary Experiences Can Change Ordinary Lives*, HarperCollins, 1994. A well-written book on spiritual emergency.
- Dr. David Lukoff, Spiritual Emergency Resource Center, at [www.spiritual-emergency.com](http://www.spiritual-emergency.com). He offers excellent on-line courses on spiritual emergency.
- Lee Sannella, *Kundalini – Psychosis or Transcendence?*, H.S.Dakin Co, CA 1976. This contains a number of case studies, and a western physiological scientific approach to Kundalini. He mentions the

- problem of ego inflation that in my experience is very common with Kundalini awakening, but which I haven't seen discussed elsewhere.
- Spiritual Emergence Network: for people looking for therapists who can treat spiritual emergencies.
    - In Australia: [www.nor.com.au/community/spiritualemergence](http://www.nor.com.au/community/spiritualemergence).
    - In Canada and the UK: The Canadian Spiritual Emergence Service at [www.spiritualemergence.net/pages/home.html](http://www.spiritualemergence.net/pages/home.html).
    - In Germany: [www.senev.de](http://www.senev.de).

### Peak States and Therapy/Psychiatric Clients

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"The greater our personal advancement along the path of power, the more vulnerable we become to the flaws in our own character."

- Hank Wesselman in *Visionseeker*, page 144.

As you read this book, you might have the impression of a group of dedicated, extremely competent and well-adjusted researchers working selflessly for the benefit of all humankind. When I started this work this was also my expectation of the people in this field. And in a few cases you would be absolutely correct: I've had the tremendous pleasure and privilege of working with some of the most truly amazing people on the planet, ones who really do 'walk the talk' in their daily lives. These people were easy to spot – before I met each of them, they were already selflessly helping others and committing their time, money, and education to making the world a better place, no matter what the personal cost. As Tom Brown, Jr. would put it, they had a purpose outside of themselves. For example, my late colleague Dr. Adam Waisel was one of these rare paragons.

Unfortunately, these unusual people were the rare exceptions. Almost all the volunteers who had gotten involved in this peak states work were there because they were greatly suffering in one way or another and were, naturally enough, desperately seeking some kind of escape or relief from their personal issues or pain. As a group, these people had every imaginable problem and psychiatric diagnosis you can think of, and some had issues that were actually unimaginable, such as ones involving spiritual emergencies. Many I could help, but many I could not, either because they were not willing to do the healing required, or because I just didn't know enough to help them. Much of the theory in this volume, and the practical material in Volume 3, was derived from my commitment to understand how to heal their problems. Unfortunately for the peak states work, once they were healed, very few of these people stayed to help the research. This was a big ongoing problem for me because of the often extensive training time that was then wasted.

I had originally made the simple assumption that any peak state would change people for the better. With more experience, I now understand that the situation is somewhat more complex. People can have a variety of exceptional peak states and yet still act in very dysfunctional ways. Fortunately, there *are* peak states that can and do make a more fundamental difference (such as the Brain Light or Inner Peace states), and much of our current work is designed to identify and induce these kinds of peak states in our students and in ourselves. And as we solve the causes of major psychiatric illnesses, we find that the illnesses also usually appear in a milder form in the general population, so we've started requiring the healing of these fundamental problems of the psyche in our students as a prerequisite for advanced work.

### **Chapter Overview**

This chapter looks at the question of whether one can or should bring psychotherapy or psychiatric clients into peak states.

In general, the safe and simple answer is that clients with a diagnosed psychological disorder should *not* be exposed to peak states work or processes of the type described in this volume. The traumas that may be stimulated in the processes can trigger crises that even well-adjusted people have trouble dealing with. These can range from projection and acting out, to full-blown spiritual emergencies. Clearly, the risks for people who are not fully stable and already have trouble dealing with their problems are even greater. There are also other clients who may not have a diagnosed disorder, but with whom the risks are great enough that therapists should not work with them in this way.

In our limited testing, we have found that people who can take directions yet have been diagnosed with various psychiatric disorders *can* acquire peak states. However, in most cases these people still retain their mental disorder. Thus, the peak states work makes them feel better, but they may find themselves less socially functional – their new peak states may just amplify their ability to act out their disorder. This observation also applies to normal, well-integrated individuals who have core issues that aren't obvious to outside observers. Thus, as a rule of thumb, the client's problem or disorder should be healed and eliminated first, before starting any sort of peak states work.

The models and processes that we've derived for peak states work also apply to mental and physical disorders. Volume 3 goes into detail on our ongoing work in finding the causes of, and ways to heal, various diseases such as alcoholism, schizophrenia, autism, bipolar disorder, and others. It is very likely that the greatest benefit of our work with peak states will be in finding cures to 'incurable' or various chemically-suppressed conditions that don't respond well, or at all, to current healing techniques.

### **Peak States Work with the General Public**

A number of peak state processes have appeared in recent years. Obviously, a therapist who is interested in this field has to find out about their effectiveness and potential side effects directly from the technique creator, because at this time

there are no generic standards. Thus, in this chapter, I'll only refer to our own ISPS peak state processes.

I can say that our work must be considered very experimental and potentially dangerous, because it is so new and relatively untested. Thus, we recommend that only people who are stable, functional and without any significant issues use these processes at this time. Although this clearly reduces risks, it still doesn't eliminate the possibility of problems, perhaps even serious problems, occurring in clients.

Unfortunately, many people think they fit the category of 'sane and normal' even when to outside observers they obviously do not. Thus, the therapist who is considering working with a client often has to use judgment with people he doesn't know. Does the client understand the potential risks? Does he actually have some undiagnosed emotional or psychiatric condition? For example, clients who have had suicidal ideation, global trust issues, major projection problems, a history of sexual abuse, and so on should be identified before any work commences.

It can be helpful to ask the client why he wants to attempt to acquire the peak state. After all, most people don't understand the nature of the field and of peak states, so they often have unrealistic expectations. This question often uncovers important issues that the client didn't think were relevant to this work.

### **Peak States with Typical Therapy Clients**

Should we use trauma-based peak state processes with typical therapy clients as an addition to their normal therapy, or as a substitute if we can't eliminate their issue? We're referring here to clients who are functional and socially normal, but for one reason or another have an issue that they cannot get rid of. This covers issues such as phobias, grief, personal problems, marital discord, and so on. Fortunately, quite a number of such people have been willing to act as research subjects in our study of peak states. This reasonable sample size allows us to draw some general conclusions that seem fairly applicable to this group of people.

In general, a peak state should not be used as a way to try to counteract or lessen a client's issue. Instead, the therapist should directly address the client's problem first, before starting any peak states work. Therapy clients find that adding a peak state to their lives does not, in general, satisfy them. They report that while the state may make them feel better, it doesn't eliminate the problem that they came to see the therapist for in the first place. Although different states may mask or reduce the presenting issue, most clients find that what they really want is the elimination of the issue they came in for. In addition, some clients won't respond to peak states processes at all until the presenting issue is dealt with (the dominant issue problem).

However, this isn't a perfect world, and sometimes a client's issues don't respond to treatment with any of the therapist's techniques. The state of the art in therapy is drastically better than it was in the 1990s and is still improving, but no one can say that they can heal every client's issues. Of course, there are many

new, effective healing modalities available today, so the therapist should start by recommending that the client see other therapists who may be able to help. However, many clients have already done this unsuccessfully. At this point, using peak states to mask or ameliorate symptoms might at least offer some help. Unfortunately, peak states processes are still very new, experimental, untested on large groups of people, and potentially dangerous. The processes that use trauma healing might stimulate trauma issues that could be difficult or impossible for the therapist to heal. They also may not even work. Worse, they may work, but only temporarily, causing the client to feel worse by contrast than before.

Given the risks with using our current peak states processes, in general we recommend that they not be used on therapy clients until their issue is eliminated, and then only if the therapist judges them to be mentally healthy and stable. However, there are some exceptions to this rule of thumb. We *have* run large-scale tests with a mild yet very useful peak state on typical client populations, as described in Volume 1. It is the Inner Peace state, and it can be very helpful – it shuts off emotions from past traumas. Also, it is mild, requiring no significant adjustment for most people. For many clients it actually causes their issue to vanish (except when directly triggered by the current circumstances they are in) because their symptoms were directly due to traumas. However, although the Inner Peace process is relatively well tested, in some clients it still may trigger problems that the therapist isn't prepared to deal with. Worse, the state may be unstable in the client. He may leave feeling much better, but then lose the state later and end up again feeling worse than he did by contrast.

### *Examining Exceptionally Healthy People*

Let's look more closely at the idea of proactively giving states to typical therapy clients. One way to do this is by examining unusually stable and mentally well people to find out what differentiates them from the average population. If this is caused by peak states (or the absence of a particular problem, such as tribal blocks), then perhaps we can bring our typical therapy client into the same state of exceptional mental health. As we mentioned in Volume 1, sociologists doing longitudinal studies of 'at-risk' children found that there is just such a unique and unusually mentally healthy population. These children were exposed to horrific childhood environments and yet, unlike their peers, grew up to be perfectly healthy adults. They are called 'invulnerable' or 'resilient' children, and they comprised somewhere between 10% and 30% of the total group. This strongly suggests that there is a peak state, or perhaps several different states that can be used both to 'inoculate' children and to help adults who are performing at 'below average' levels of mental health, yet don't have an obvious, specific problem.

Unfortunately we don't have access to the studied 'invulnerable' individuals. Instead, we've examined unusually stable and mentally well people that we knew, to see what particular peak states, or other unusual aspect of primary cell performance, makes such a difference in them. So far we have too small a

sample size to be conclusive, but as mentioned in the previous section, the Inner Peace state plays a key role in why these people are relatively unaffected by past traumatic experiences. Unexpectedly, we have also found that the Being Present state appears to be one of the states that confers stability and mental health. This perhaps shouldn't be so surprising, as the state keeps a person in-body and eliminates physical pain from traumatic memories. (We suspect that the Being Present state is related to the Buddhist 'enlightenment' that is said to confer just such an experience of serenity and stability.) However, this result may just be an artifact of our small sample size and should not be considered conclusive.

Our results have convinced us that it is possible to heal therapy clients so that they move into the category of exceptionally mentally well people. We continue to investigate this fascinating and important question of what optimum state processes are ideal for typical therapy clients.

### **Peak States and Clients with Major Mental Illness**

What about using peak states processes on psychologically disturbed clients? Again, obviously, the safest and most risk-free choice is to refrain. However, what about clients who are intensely suffering from a mental disorder that either is incurable or is treated with drugs that have bad side effects? Clearly therapists are motivated to reduce their clients' suffering. Just as clearly, there is a possibility that peak states work might help in some circumstances. This section explores what we've learned about this issue over the last few years, and gives our experiences and tentative conclusions. As peak states work is still in its infancy, the material in this section cannot be considered definitive, but rather just a snapshot into these investigations.

Over the years, we have worked with a number of people who have had rather severe psychiatric or psychological problems. These have included bipolar disorder, alcoholism, schizophrenia, multiple personality disorder, clinical depression, suicidal ideation, sexual abuse, and others. In order to find the underlying causes of various disorders, in several cases we've had people with these problems acquire peak states and given them training in how to use them. We've drawn some tentative conclusions from these relatively few experiences. First, in general these people *can* acquire a variety of peak states. Their mental illness does not bar their ability to do so. Secondly, the states don't cure the client's condition. Instead, they make them better able to act in the world. Delusional clients stay delusional, and we find that they now have more ability to interact with people and, unfortunately, make the situation even worse.

We had hoped that some peak state or combination of peak states might cure certain conditions, such as alcoholism or particular mental illnesses. However, to our disappointment, this approach has been unsuccessful with the states that we know how to induce. Instead, to help these clients, we needed to treat them for their specific condition. Our observations in this regard are reinforced by looking at the far too many examples of spiritual teachers with genuine spiritual experience and ability who also have severe emotional problems. For example, one of the more famous Buddhist teachers in the West was an alcoholic.

Although our Western cultural beliefs tell us that these people must not have been true teachers, the data does not support this stance. Peak states and severe psychological disorders are genuinely different and unrelated phenomena, just as our developmental events model or primary cell model predicts.

Again, the best advice is to not do peak states work with this client group, but rather to work to heal their disorder. Although it might be tempting to see if you can help these people by giving them a particular peak state, my gut feeling at this time is that giving these types of clients extraordinary peak states, in general, would only complicate treatment, and might precipitate a crisis. Worse, your intervention may cause the sorts of problems that are well documented in the literature on spiritual emergencies. Therefore, I recommend that you do not induce any of the states in *this* book on specific patient populations until we know a lot more about how it will affect them.

Volume 3 goes into great detail about our findings and preliminary processes to eliminate the symptoms of alcoholism, autism, schizophrenia, and other conditions.

## Key Points

- Using trauma-based peak states processes can trigger spiritual emergencies even in well-adjusted people. Clients with a psychological disorder should not be exposed to this risk, since their ability to cope is already impaired.
- For typical clients without severe psychiatric disorders, the Inner Peace state is mild but nevertheless can help significantly. The state turns off the emotional content of past traumas. However, there are risks – the process can stimulate severe traumas, and the state may not be stable, making the client feel worse, by contrast, than when he started.

## Suggested Reading and Websites

### On spiritual emergencies and mental illness

- Stanislav and Christina Grof MD, eds., *Spiritual Emergency: When Personal Transformation Becomes a Crisis*, Jeremy P. Tarcher, 1989. The formative book in the field, with articles by Grof, Assagioli, Laing, Perry, Kalweit, Sannella, Armstrong, Kornfield, Ram Dass, and others. Includes experiences that lie outside of Grof's topology.
- David Lukoff, F. Lu, and R. Turner, "From spiritual emergency to spiritual problem: The transpersonal roots of the new DSM-IV category", *Journal of Humanistic Psychology*, 38(2), pp. 21-50, 1998.
- David Lukoff, The diagnosis of mystical experiences with psychotic features, *Journal of Transpersonal Psychology*, Volume 17, pages 155-181, 1985.

- Dr. David Lukoff, Spiritual Emergency Resource Center, at [www.spiritual-emergency.com](http://www.spiritual-emergency.com). He provides training and information on spiritual emergencies and their relationship to mental illness. He was one of the main proponents for the spiritual crisis category in the DSM IV.

#### On trauma and mental illness

- Arthur Janov, *The Anatomy of Mental Illness*, G. P. Putnam's Sons, 1971. In spite of the age of this book, it gives an excellent view of the interaction between trauma and mental illness.

#### On meditation and mental illness

- M. Epstein and J. Lieff, "Psychiatric complications of meditation practice", in K. Wilber, J. Engler and D. Brown's *Transformations of Consciousness: Conventional and Contemplative Perspectives on Development*, Shambhala, pgs. 53-63, 1986.

## The Optimal Order for Acquiring Peak States

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When I was eleven and twelve years old, my mother worked as a nurse at the Wabaningo Boy Scout camp in the USA. As you might imagine, my brother, my baby sister and I all agreed it was a glorious way to spend those entire summers. I had so much fun there that when I was fifteen and sixteen I got a job working and teaching at another Boy Scout camp – Camp Omache. This was an intensely important growing experience for me, because for the first time I met several others in that staff who also had remarkable peak states of consciousness – something I had never seen before outside of my extended family. These amazing young men caused the entire staff to share an exhilarating sense of camaraderie and purpose as we worked to bring the younger campers into the same amazing state of mind we had. I also found a life-long passion of sharing my love for the beauty of nature and the wilderness.

Later, like many people who were in college in the 1970s, I felt intensely about the problems of racism, the war in Vietnam, but especially about environmental destruction. Perhaps because I have a natural orientation toward engineering, I finally realized that the problems of the world were more fundamental than any particular piece of legislation or treaty could ever hope to deal with. I could see from my perspective of living in peak states (even though I didn't recognize it as such at the time), that these sorts of efforts, necessary as they are, were just band-aids to the deeper core issue of the dysfunctional nature of people themselves. By the time I was 18 or 19, I had concluded that there was no long-term solution to the problems our species faced other than to actually change the nature of everyone's consciousness, just as we had done in a temporary way back at that Scout camp.

This awareness submerged into the back of my mind in my twenties, as I worked and became competent in my profession, married, bought a home, got involved in local politics, and did all the conventional sorts of things. But I was dissatisfied with my life – I didn't have that wonderful sense of doing something worthwhile, of personal excitement and euphoria that I had had in my teens. I knew I had to do something else, but what? In hindsight, I was trying to move

towards a non-traditional career that would let me do what I had to do – but there was no pattern to follow, no clear goal or way to move forward other than to follow my joy. I struggled with my own cultural programming and my own fears about letting go of the ‘golden handcuffs’ of my professional security. But one thing had become painfully clear – my life as it was just wasn’t worth living. My very loving and wonderful wife couldn’t understand or accept this at the time – after all, I didn’t understand it myself! – and so our marriage ended painfully for us both.

Skipping forward about twenty years, now that I had a practical way to give people peak states, the question of what peak state to give humanity was starting to become an issue. I’d already found at least 30 states, and I suspected that the number would continue to climb to as many as 50. At first, I just assumed that the states that I had had as a kid would be sufficient. However, in 2004 it finally occurred to me to ask Gaia itself what the optimum peak states for humanity should be. The response was like hearing a ‘good news/bad news’ joke – only one state was absolutely required (what we’re currently calling the Self Neutralization state), but it was one that I had never knowingly encountered in a living person or even recognized from the literature. Over the next two years, I slowly worked out theoretically what the developmental events involved must be to get the kinds of effects that were being shown to me. In the spring of 2006, Tal Laks and I were able to verify that my theoretical model of that state actually worked.

But then we encountered a new issue. It became very clear that we had to first solve the problem of evil in people, before we would be able to safely give them this more drastic level of change. Even though I’d already recognized that this problem desperately needed to be solved in my students, this new block to progress in my core purpose was still disheartening – I’d already been working on this issue of good or evil for over eight years, and there was no end in sight. Again, perseverance finally paid off, and John Heinegg, Tal Laks and I made the breakthrough for this second problem (the ‘Brain Light’ state) in the fall of 2006.

## **Chapter Overview**

The chapter discusses the optimum order in which particular peak states should be acquired. Because the needs of therapists and clients differ so greatly, the sequence of states is also very different. It turns out that most clients have at least one ‘core’ peak state that they have been unconsciously trying to recover throughout their lives. The therapist should identify and restore it first, before moving on to other states.

Therapists have a different set of requirements. The first is simply to become as sane as possible, so as to be able to help their clients properly. Going further, if they want to really master their trade, they need to be able to use the far more powerful ‘state-dependent’ healing techniques. This means they have to acquire the states needed, and learn how to use them. However, just getting states is not enough – because their own personal issues can interfere with state-dependent techniques, they need to continue healing themselves on an ongoing basis.

The material in this chapter is in a constant state of change as we develop and test processes for the various new peak states, and learn more about their dangers, uses and benefits. I expect that this chapter will have changed significantly by the next edition.

### **The Optimum Order for Clients Acquiring Spiritual and Shamanic States**

In this section, I discuss our current procedures for clients who want to acquire spiritual and shamanic states. As of this writing, there are a few clear choices, and then a number of tradeoffs. In the future, I'm sure we'll find that there are states that clients should do before others, perhaps even states or healing steps we don't know about yet.

One approach for determining the sequence of states a client should use is to communicate with Gaia and ask. Unfortunately, this requires the services of someone who can hear Gaia, and more importantly the person asking the questions must have all of the potential states himself in order to get accurate answers. Obviously, few people reading this book will have the opportunity to work with such practitioners.

This textbook groups peak states according to the realms of consciousness that they access. The order of realms (and states) I chose was only to make the material understandable in a textbook format – often, to understand one set of concepts required understanding previous ones. It's like learning math – we start with simple algebra before going to calculus. However, this is *not* the optimum order to acquire the states!

#### *Preliminary Screening for Trauma Healing*

With experience, you soon realize that the first thing to do with a client is to use some detective work and discover what he is actually looking for: the healing of an issue, or a peak state, or both. Most clients don't understand the difference and need coaching on this.

Next, determine if the client is mentally well balanced and physically healthy – if not, he is not a good candidate for trauma healing approaches for peak states. These issues need to be dealt with first. Other gentler and less dramatic approaches such as the 15-Minute Miracle would be a better idea for this sort of client.

#### *Identifying the Client's 'Core' Needs – Restoring a Lost Peak State or Experience*

After several years of experience, I've come to realize that giving clients a peak state from a list just does not work. Even when they were convinced that the state listed was what they wanted, they end up dissatisfied when they get the full target state. Instead, clients need help in determining what their 'core' need is – usually the client doesn't even realize what it is himself. Fortunately, it is fairly straightforward to determine what it is by looking at the client's life and actions. Generally what they are unconsciously searching for is a peak

experience (or lost peak state) that they've had one or more times in the past. Usually they don't recognize it for what it is: they confuse doing an activity or being surrounded by a particular situation with the state itself. For example, a man might be a climber or a runner because of the 'high' he gets from the activity. Or a therapist might see clients because of a sense of connection she gets when the therapy goes well. These people then tend to orient their lives around whatever action or setting triggers them into the peak experience, never realizing that it was possible to have the internal experience without the external stimulus.

To determine what the core need is, have the clients look at their lives to see how they actually spend their time to feel good inside. Taking the time to make unconscious motivations clear can prevent problems for both of you. This can be a bit tricky, as the states that clients say they want is often different from the states that they are unconsciously searching for. Determining this from the onset will make your relationship with them an ethical and positive experience. Working to regain the particular state or group of states that meets the client's core needs will make for a productive relationship. Another approach is to use the peak state assessment tool (see Appendix G) orally as part of a conversation about the nature of peak states. Asking them about specific sensations and not just about a list of characteristics often leads to a story about a key peak experience they once had.

Occasionally the client is very aware of the peak experience that he wants to recover. Many of the people who I see have gone to spiritual teachers, gurus and shamans trying to recover what either they just touched on or once had for longer periods. The desired state is obvious to them and to the therapist. They often exhibit a burning desire for that one state in particular. Focusing on acquiring that one first has worked out well with these clients.

In general, starting by stabilizing a previous peak experience or unstable peak state usually works very well, since clients already know what they're getting into, at least to some degree. They are already accustomed to the way the state changes them. In addition, the fact that they were able to have a peak experience or state at all says that the level of trauma that they have around the state or experience is minimal, or if not minimal, usually limited to a few types of issues that are not core to their lives. We can restore the state or turn the peak experience into a stable state with very little risk and, usually, without much difficulty when using the Laks Peak Experience to State Technique™. However, if the client came in with a brief peak experience, one they didn't have any practice living with, the cautions in previous sections should still be considered. In the case of lost peak states, in my experience clients have little problem adjusting back to their old peak states, other than a fear of losing them again. There can be problems in facing and healing the relevant traumas.

Thus, as a rule of thumb, I recommend that the therapist *start* with restoring peak states that the client has already had some familiarity with, *before* embarking on new ones listed in this book. This has the added advantage of giving them a taste of how this work is done and what it feels like. Remember,

just because a client wants something doesn't mean that it won't cause disruption in his life.

After the core need is fulfilled, the client often loses interest in gaining any further states. If he wishes to continue, a conservative approach is to look for a second core need. Usually the client already identified it in the first survey, but it was of secondary importance until the primary one was fulfilled.

Sometimes clients do not have any clear idea of what they're really searching for. Often this is because they need healing for chronic problems they don't even consciously realize that they have. Occasionally they have just a vague intuition that there is something better that they've been working to find, usually most of their lives. Clarifying the client's intuition can take some work; Triune Brain Therapy is often useful for finding out what the characteristics of the desired state are. Remember, the client probably had the state *in utero*, so even though they have no conscious recollection, it is nevertheless something that they have experienced.

### *Choosing Specific States*

Sometimes the client has heard about this work and has a more existential need. Is the client seeking a better quality of life? Answers to questions about God or the Sacred? The therapist still needs to start by identifying what the client's core desire really is. Perhaps one of the states in this text is just what he needs – but often people fool themselves, wasting both their (and your) time and effort for unsatisfying results.

#### **Example:**

One woman in her forties said that she wanted to directly experience God. When offered the opportunity to have the state induced in her right on the spot, she refused and instead quickly left. This wasn't because she didn't expect it to work – on the contrary, she was afraid it would.

At this point, selecting a predetermined, 'targeted' state from this text becomes a judgment call between you and your client, with a variety of options and problems. You need to reinforce what you said at the very beginning: at the present time this is still very experimental work, and there is a possibility of unintentional harm using our processes. People really have to understand this, and sign legal waivers to reinforce this understanding. Only time and a lot more experience with the general population will change this situation.

I strongly suggest working at first with states we've labeled as being milder or introductory. They generally take the least effort, are generally less painful to heal, and cause gentler personal changes. This gives clients first-hand experience and lets them work up to more major peak states.

Once you have a good relationship with your client, I'd recommend healing the issue of evil (the Brain Light state) described in Chapter 15. Healing it often has a major impact on quality of life and interpersonal relationships in general. It can also be a necessary step for some clients who are having trouble gaining

triune brain fusion states. In fact, it sometimes causes people to spontaneously gain triune brain fusion states without any other work.

We've also found that starting with the Being Present state is usually very satisfying to clients: there have been only minimal adjustment problems in the volunteers we've tested. (The full state is sometimes associated with drastically increased peripheral vision, which can take time for some people to get used to.) The state makes acquiring other peak states considerably easier, keeps the client 'in-body' automatically, and speeds healing dramatically. If time is available for it, I suggest doing this state as a preliminary to working on their core state.

I recommend triune brain fusion states because they impact quality of life so directly, but even they can feel rather overwhelming to some clients. Again, Inner Peace is one of the more useful states, even if it is hard to notice after you've had it a while.

After that, the order of gaining new states is not extremely important. The average client certainly doesn't need all possible states, although they're like having different food groups: they taste different, but all are necessary for full health. Most of the states in this text are really inappropriate for the standard client-therapist relationship. They are much more suited to one-on-one training in a longer retreat setting.

I don't recommend the Sacred Beings state for clients at all. This is such a big change that it usually causes unintended, major adjustment problems that can't be handled in the standard therapist-client relationship and setting.

### **Therapists Need a Different Sequence of States**

I use a totally different sequence of steps and states with therapist students than I do with clients. They not only have to learn how to heal clients, but they also have to be able to eliminate their own problems. In the context of therapist training, with people who plan on becoming exceptional healers, or who want to help others gain peak states, we start by teaching the average-consciousness healing processes EFT, WHH, rWHH, and DPR (and recommend that they learn others, such as EMDR, TIR, and TAT).

At present, there are several absolute prerequisite states we do in our first peak states class. We start with the Brain Light state to eliminate issues around evil in all our students, both for our sakes and that of their clients. This state is required if the student plans on continuing with us: we carefully monitor students' progress on it to be sure they are successful. (We currently require +60% of the state, based on a scale of -100% to +100% as measured by using the Brain Light awareness' ability). We also require the Silent Mind state, which eliminates 'mind chatter', making the therapist more stable and focused. It is a necessary prerequisite for the recommended Hearing the Brains state, because otherwise the therapist can't discriminate between his own thoughts and those of his triune brains. The Silent Mind state is also a required safety prerequisite for the ability to merge consciousnesses, which is a necessary skill for the Advanced Whole-Hearted Healing technique. We also require students to use our multiple

personality disorder healing process, to eliminate any possible problems arising in that area.

To make it easier for the therapists to work with clients and to heal themselves, we recommend that they acquire several other key states. First is Inner Peace, so that our students are no longer easily triggered by life events or by their clients. The Being Present state makes it far easier for them to heal themselves (and as an extra bonus, it also feels quite wonderful). And we also do the Life Path state, which allows the therapists to know if they are following their optimal life path. The Hearing the Brains state radically improves the therapists' ability to heal themselves by allowing them to communicate directly with their own triune brains. We also have the students practice the Laks technique for turning peak experiences into peak states on themselves.

Our second level of training is all about learning 'state-dependent' healing techniques such as Advanced Whole-Hearted Healing and the Primary Cell Technique. To be able to do the techniques requires several different peak states and peak abilities, including the Primary Cell state, and the merging ability. This latter is critically important – it encourages true compassion for the suffering of others, because one can actually feel another's emotional and physical pain in one's own body.

Our curriculum is still somewhat in flux as our classes continue to grow and as we develop processes for new states. To see our latest flow chart on peak states for our professional training classes, go to our website at [www.peakstates.com](http://www.peakstates.com).

### **Sequences of States in Other Traditions**

As far as I know, no other tradition gives an explicit series of states for students to acquire. This does not mean that they don't know of a variety of states, but because techniques to quickly acquire targeted states were not available to them, giving students a list of states would be rather pointless – they have to take what they can get.

This being said, most traditions do have some degree of implicit sequencing. For example, Rinzai Zen Buddhist koan practice has students work on particular koans (with their associated realizations), usually in a given order. Although Tibetan Buddhism is not a tradition I have studied personally, I believe that it also teaches in a sequential form. Traditional North American native shamanism, and traditional Hawaiian shamanism to some extent also have an emphasis on mastering particular stages of ability as the student progresses. Tom Brown, Jr., teaching native practices, has worked out over the years what works the best for the shamanism students he sees. There are probably many other examples.

The only clear emphasis I've seen for students of almost all traditions is on practices designed to decrease negativity and promote positive, helpful behavior. These traditions recognize that students often act dysfunctionally and destructively, and that they may not even realize it or sometimes even care if they do or not. At the present time, we also require this problem be faced in our students by requiring them to acquire the Brain Light state, which eliminates the

problem of evil in a person. However, this state does not address more normal dysfunctional behavior problems, many of which the students don't even realize they have because they just consider it to be normal. To help our certified therapists recognize these potential problems in themselves, we have them agree to ethical guidelines. These are posted on our website [www.peakstates.com](http://www.peakstates.com).

## Key Points

- Verify that the client does not need therapeutic interventions, and that he or she recognizes the risks involved with these experimental processes, and signs a liability form to be absolutely sure they realize the risks with new, experimental techniques.
- Always focus on finding out the client's core needs first, either of healing or of peak states. Do not just use a list of states because the client will find this ultimately unsatisfying.
- As a rule of thumb when working with clients, recovering lost peak states or stabilizing momentary peak experiences should be done *first*, before acquiring any new states, especially the ones in this volume. However, problems can still arise, especially if the lost experience was too brief for the client to have become fully accustomed to it.
- It is simpler to recover lost peak states or change momentary past peak experiences into stable peak states than it is to get totally unfamiliar states.
- Therapists need particular, targeted states for their own well-being and safety.
- The Silent Mind state is required for the safety of people who plan on acquiring the ability to merge consciousnesses. It is necessary to have it before acquiring the Hearing the Brains and Gaia Communication states, otherwise the communications gets confused with one's own mind chatter.

## Suggested Reading and Websites

- Tom Brown, Jr., *Grandfather: A Native American's Lifelong Search for Truth and Harmony with Nature*, Berkley Books, 1993. I've included Tom Brown, Jr. in this reference list because he recognizes that there are different states and teaches them in a particular sequence.
- Serge King, *Kahuna Healing*, Theosophical Publishing House, 1983. I've also included Serge King's work, because he refers to the sequence of Hawaiian shamanic development.

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## Peak States and Children

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During my training classes, parents frequently ask me what they can do to improve the lives of their unborn or young children. Should they give them peak states? Is there anything they can do preventively or proactively to help their children? Although I only see adults in my work and have no personal experience with raising children myself, the literature on prenatal and perinatal traumas provides excellent advice, especially when seen through the lens of peak states work. Additionally, we've been fortunate in that one of my research colleagues does have young children, and so were able to work with them to answer some of these questions.

Testing is a necessary part of this work, in order to ensure that our model's predictions are correct and that we're not missing anything that might cause unexpected problems. In 2006 we had the unexpected and wonderful opportunity to examine the triune brain states of a dozen or so Australian children who had been born using alternative birthing techniques. Seeing the differences between these children and ones who had been born using standard medical procedures in hospitals was a wonderful confirmation that proactive prevention gives the same results that healing the adult's birthing trauma does.

### Chapter Overview

Our model predicts that some children are born with and retain one or more peak states, and observation of our students over the years bears this out. Conventional studies have discovered the existence of 'invulnerable' children who are very likely children with certain peak states. This implies that social workers and psychologists could proactively 'immunize' children by helping them acquire these states of consciousness.

Parents can be proactive in helping their gestating and young children. They can try to avoid prenatal damage that can cause childhood and adult problems; communicate with the prenate just as they would with one of their young children; help their children retain the Wholeness state by making certain that the umbilical cord is not cut too soon after birth; and heal traumatic birth or

womb experiences in their newborns and young children. As the saying goes, an ounce of prevention is worth a pound of cure, and doing this while children are still young will eliminate much needless suffering as they grow, and in their adult lives.

Much of the material in this chapter is not unique to our work – rather, it is also well-documented information from many dedicated researchers worldwide. Unfortunately, due to ignorance and unfortunate cultural beliefs, most of this material is still virtually unknown to the public and the medical establishment.

Children are usually more flexible and adaptable than their adult counterparts. Thus, in general they can acquire peak states and use healing techniques more easily and effectively than many adults. However, because our work with peak states is still very experimental, the contra-indications for adults should also be observed for children. Trauma healing instead of peak states may be necessary for some children.

I end this chapter with an unusual application of peak states – there is a peak ability that allows a person to merge consciousnesses with another, and it can be used to identify problems in children who are injured or disabled and cannot speak.

### **Invulnerable (Resilient) Children**

Our work has demonstrated that adults can acquire peak states that make a very positive effect on their lives. We've also seen that a significant number of people are born with exceptional states of consciousness, and they retain the states their whole lives. Conventional psychologists doing longitudinal studies of children have also seen this phenomenon. As I mentioned in Chapter 20 and in Volume 1, these studies have shown that somewhere between 10% to 30% of children in at-risk family situations (war, poverty, abuse, addictions) are not affected by the horrific situations they grow up in. They become well-adjusted adults in spite of everything that happened to them as children. These children are called 'invulnerable' or 'resilient' children in the literature.

Based on our work with peak states, we believe that these invulnerable children are born with at least one peak state that insulates them from the traumatic experiences that they are exposed to. Clearly, our society has not been able to eliminate the severe problems many families experience, and so a simple, proactive and fast technique that could be used to 'inoculate' these at-risk children and make them invulnerable would be very valuable. The states would act as a buffer to life circumstances and improve their general quality of life from that moment on. Not only would this be a wonderful blessing for these children, in the long run it would improve our entire society. Many states are reasonably simple to acquire with our current techniques, so it looks like appropriate techniques could be easily taught to social workers and therapists once this peak states technology has matured a bit more. We can hope that in the future therapists (and social workers) will be offering them to their child clients as a matter of course.

At the present time, we know of two states that can offer this kind of protection, and there are probably others. These are the Inner Peace state (or any of the triune brain states that include Inner Peace, such as the Beauty Way or Hollow states) and the Being Present states. Although these states don't heal traumas directly, and so don't address specific client issues, they do act to improve people's overall wellbeing tremendously. Of course, it is still possible that the invulnerable children actually have some other states or condition that gives them their resilience – and we continue to test for this possibility – but reassuringly for the validity of this model, there is a rough match between percentages of people in the general population who have a significant degree of these peak states and the total percentage of resilient children.

People who are born with these states often have them only partially – the states are not 'all or nothing'. Fortunately, active intervention with our techniques can improve on nature and give children a stronger and more stable state than normally occurs, and these particular states do not take an unreasonable amount of time or expertise to administer. For example, in the first edition of Volume I, we gave a simple Inner Peace process as an example of the Gaia command approach that typically takes about two hours to do with untrained people. It was only stable in about 30% of the general population, but since then we've improved the process so that we now have nearly all of our students acquiring the full stable state. Our current Being Present state process is now reasonably effective, but as of this writing still needs more refinement.

There is another side to this discussion about at-risk children. It is clear that average children can have a far less than optimum life even in good homes and under normal circumstances. Thus, it makes sense to 'inoculate' *all* children with peak states that make them resilient above the norm, and so redefine the norm itself.

Beyond states that confer invulnerability are those that improve quality of life and interpersonal dynamics. Many exist: for example, the Brain Light state to eliminate evil in a child would clearly be useful; the Beauty Way is also excellent, as it confers invulnerability as well as other exceptional inner qualities; and a host of others described in this textbook. In years to come, I hope that these states become a normal part of societies everywhere.

### The Pros and Cons of Having Children Acquire Peak States

When discussing the topic of peak states for children, it is important to ask whether children should be treated any differently than the general population of adults. (After all, given the preliminary nature of our work, we currently do not recommend most peak states for therapy clients.) This question can perhaps be answered by looking at a blind spot in our culture. Although we tend to think of children as unformed at birth, due to our Freudian and Christian heritages, the truth is just the opposite. In fact, with a little reflection one can see that the personality and core dysfunctions of adults one knows were already present at a very young age. In fact, this usually started before birth. Children, although obviously less traumatized than they will be by the time they are adults, already

have the vast majority of their trauma patterns formed by the time they are born. Thus, many children are already candidates for therapy at birth, and following our current guidelines, they should not work with most peak states. And there is another safety issue – many peak states processes have not been tested on large enough populations of adults (and far fewer children) to assure us that they are totally free of unexpected problems.

Having said this, we do have some limited experience that shows that children, on average, can acquire peak states far more easily than adults. Interestingly, they have also exhibited no adjustment problems to the new states. Apparently they do not focus on their changed internal sensations like adults do – instead, they just get bored with the whole topic and want to go back to playing. Children in general are simply more adaptable in this area as they are in so many others. They also exhibit the same relative ease when using trauma-healing techniques. Once they understand why the techniques are useful, the children will often become better and more consistent at using them than adults do (especially when bribed into doing it, as one mother found out).

Another important piece of this' discussion is how children react when a parent acquires a peak state. Some states make a person obviously more stable and less able to be triggered – and children definitely notice this change. Although it usually takes them a while to trust the change will last, once they are used to it, they soon expect it in the parent. If for some reason the parent's state relapses, the kids will definitely let the parent know! Thus, peak states work shouldn't only be done on the children: the parent should also make the change to improve the family living situation.

### **Pro-active Prenatal and Perinatal Trauma Healing**

Up to this point, the discussion has only focused on peak states as a general solution to the problem of traumas. However, prenatal and perinatal traumas play a dominant role in specific dysfunctional behavior in both children and adults, and need to be specifically targeted and healed, even if a person has a buffering peak state. And in cases where a peak states technique is not available or is contraindicated, the baby or child still needs to be treated and not just left to "get over it". Many people don't realize why prenatal trauma healing is necessary, because they don't realize how severe typical prenatal and perinatal injuries can be. To put this statement in perspective, after working with many thousands of clients in my practice, I've seen very little traumas in children or adults that can even start to approach the level of injury that occurs during the formation of the primordial germ cells, pregnancy and birth. This makes sense once a person gets past the hurdle of realizing the fetus (or sperm or egg) can be traumatized at all. For example, it is very easy for the very tiny zygote in the fallopian tube to have its entire body injured, something that is far less likely to happen after birth. Even when major PTSD-type traumas do occur after birth, we know empirically from our work with regression therapy that these severe traumas in the child or adult usually have their origin before or during birth. In fact, it is usually prenatal traumas that make people susceptible to becoming

severely traumatized during these sorts of experiences. The latest trauma simply follows and worsens the theme of the earlier prenatal trauma.

This isn't only our observation. Work with regression therapists in the field of prenatal and perinatal psychology has conclusively demonstrated that prenatal traumas are one of the key causes for various problems later in the child's life. This statement often causes needless concern with some mothers, because they are afraid that their negative emotional attitudes or traumatic experiences during gestation will imprint the child. Fortunately in general this isn't true. Traumatic emotional experiences in the mother can only lock into the fetus if it is also physically damaged in some way during the event. How to avoid this? Many people don't understand how a fetus can be injured, so some examples would be useful. The sensitivity to damage often depends on what developmental stage the fetus is in. Thus, trauma from toxic foods usually occurs at the earlier stages of development (although smoking and alcohol remain a problem throughout gestation). Loud noises during the development of the ear structures can cause trauma-related tinnitus later on in life. After the fetus becomes large enough, mechanical damage can occur due to falls or excessively tight clothing, or sexual activity that squeezes the fetus. And some damage can happen at any time in development, from drugs, anesthesia, hypoxia, toxic gases, and electrical shock from house wiring or static.

### *Prenatal Care and Interactions with the Fetus*

Aside from trying to protect the developing fetus, what other actions can a mother take proactively to protect the fetus from damage? There are several. The interval between conception and implantation is a particularly critical time for both the new fetus and the fetus's potential offspring. Much of this is obviously outside of the parent's overt control, but some isn't – good nutrition and avoidance of alcohol and drugs during this period will at least minimize the extra problems the child will have to work with. Interestingly, this also helps the grandchildren, because the child's primordial germ cells (that later become sperm or eggs) are also being formed during this period. We have regressed people to this time zone and found damage that occurred due to a toxic environment that surrounded the developing zygotes.

There is another very important action that parents can take for their prenatal child. Unfortunately, due to our mistaken cultural beliefs, we assume that the prenate is like a man in a jail cell (if we even think a prenate is conscious at all), separated from the world in an insulating womb. However, the truth is just the opposite. We know from regressions that the fetus can, at will, observe the outside world via the awareness of the mother (or less frequently by using the OBE ability). For the most part the fetus is busily focused internally on growing itself, but it does 'look out' if something unusual happens in the mother's world. Of course, this does not mean that the fetus understands the meaning of what is happening, but it does clearly understand how the mother feels about what is occurring.

This means that both parents can and should interact with their conscious fetus while he or she is still in the womb. This is the same sort of bonding that the parents do with their newborn after it is born. Most mothers do this naturally, but due to limiting cultural beliefs, most don't realize that their efforts are recognized and understood by the fetus. Does this interaction help insulate the fetus from some of the prenatal traumas that will cause so many children severe problems later in life? We don't know – but at least it should help the bonding of the child to the family, and it may do much more than that.

#### **Example:**

Paula Courteau writes: "A mother asked me what she could do to help her child. I said, "Don't avoid your emotions, but make sure to really own them, to remind yourself and your baby that this emotion is yours and doesn't have to affect him. Do this especially if something physical is happening, something that could be felt physically by the fetus." The mother was very constant in doing this. The mother was already in Inner Peace, while the father was in average consciousness. The baby was born with unusually good triune brain fusion and remains so to this day."

#### ***Post-Birth Intervention for Perinatal Trauma***

The major trauma of birth has many negative effects in most people's lives. We can treat them in therapy when they are adults, but obviously the client would have had a far better life if the trauma had been handled as soon as possible after birth. Obviously the normal therapy techniques for working with traumatized adults are not appropriate for newborns and infants. Therapies that require instruction are clearly impossible – even processes like EFT that only use tapping on meridian points have the problem of directing the baby's attention to the relevant trauma. Our own state-dependent techniques like PCT or aWHH can address these issues, but the level of training required makes this an impractical strategy for most children. Fortunately, I know of at least one average consciousness approach that is ideally suited for healing birth-related traumas, and there are probably others. It is based on the craniosacral technique for healing traumas. The therapist holds the newborn (or child) in certain ways that both trigger the birth trauma and releases it. The two best-known variations of this approach are taught by Ray Castellino (in Santa Barbara) and Patricia Cramer (in San Francisco). Cramer's version of this approach is called Baby in Motion®. William Emerson, a colleague of theirs, also teaches how to do trauma work with babies and children although his approach is not primarily craniosacral.

#### ***Healing the Parents***

Perhaps surprisingly, it is often more effective to heal the parents than to heal the children, even though it is the children who have the presenting symptoms. (Fascinatingly, veterinarians also see this: the pet has the symptom, but it goes away when the owner's issue is eliminated.) To address this, many

psychotherapists also work with the parents as a normal part of the child's therapy. There are doubtless many reasons for this effect; 'cording' is the most obvious mechanism. Interestingly, eliminating the parents' generational traumas automatically eliminates them in their descendants.

Finding relevant issues in the parent *before* the child is born and proactively eliminating them isn't an option, since there are no obvious symptoms to work from. Instead, simply eliminating any feelings around not wanting or loving the prenate is a good place to start. Secondly, proactively healing issues around the birthing process in both parents is also a very important step, making the birth far more trauma-free and easy. For example, we have seen instances in which the birth process stimulated rape trauma in the mother, leading her to unconsciously keep her cervix from dilating properly. In regression, we've found empirically that the more love that the fetus feels for the mother (and by extension, the parent for the baby), the easier the birthing event becomes. I've also seen a few clients who, as fetuses, didn't want the parent to see them – in one case, because the fetus knew the parents wanted a child of a different gender.

#### Example:

I met a woman who had been feeling very strong and continuous love for her first fetus. During delivery, her baby was born in just two or three contractions. She later told me that she was very disappointed that birth happened so fast, as she really didn't have a chance to feel the experience, and she had been looking forward to it.

Should a pregnant mother do peak states work? On one hand, acquiring states makes her inner environment better for her fetus. (It might also make it easier for her fetus to have the same state after birth, especially if the major blocks are generational traumas.) On the other hand, having severe traumas triggered might be harder on the child. I don't have any data that can answer this question, but to err on the side of caution is probably the best approach. Thus, I would recommend that the woman heal any traumas and issues that come up during pregnancy, but only do general peak states work before or after the pregnancy.

#### The Wholeness State and Holistic Birth Practices

One of the single most valuable things a mother can do to give her child a peak state and a better-than-average life is also the simplest. During normal hospital births, the umbilical cord is almost always cut far too soon, and this trauma causes the fetus to lose his 'Wholeness' state. At an absolute minimum the cord should be left uncut for at least few minutes after the cord stops pulsing. A longer wait is definitely better, although it isn't yet clear to us yet how long is optimum.

We have had the opportunity to study about a dozen children who retained their cords for significant amounts of time after birth. On average, this group of

children is far healthier emotionally than children who had typical hospital births, based on our brief observations of them and the reports of the mothers. Some parents describe their children who were born this way as being “more complete” (this is very suggestive of the key quality of the Wholeness peak state) and as behaving differently than their children who were born using conventional techniques. More measurably, these children had Perry diagrams (showing the degree of triune brain fusion) that were significantly improved over controls. Not only did they have a markedly greater Wholeness fusion state, but surprisingly their other triune brain states were clearly better also. There was still a distribution of the degree of the state in this group – not all were in the Wholeness state – but it was far, far better than the babies we’ve looked at who had a conventional birth.

There is another major reason for keeping the cord from being cut too soon. In our regression work, we’ve seen that this trauma is the major cause for suicidal actions in our clients. Estimating roughly, about a third of the people who trigger the placental death trauma become suicidal. Hence, avoiding the creation of this trauma at birth can help avoid the tragedy of suicidal feelings and actions later on in the child’s life.

Many other groups have also made the observation that babies are usually emotionally healthier – and stay healthier later in life – if birth attendants delayed cutting the umbilical cord. For example, Dr. Stephanie Mines, founder of the Punahele birthing program on the Big Island of Hawaii “concluded that preventing shock prenatally and at birth is the most effective way to stop the transmission of violence to the next generation”.

### **Other Applications**

This work is continually full of surprises and unexpected applications of the material we teach. One of these happened in 1999 at a training in Utah. The student, a mother, was taught how to ‘merge’ her consciousness with others as part of learning our advanced Whole-Hearted Healing technique. What we didn’t know was that she had a developmentally disabled son who was unable to speak or communicate. After the training, she used her new ability to bridge the barrier so she could help him. She wrote a letter to us after the training:

“The third [benefit of the training] has to do with my 12 year old son, Jason. He has multiple handicaps. He doesn’t speak and communication is limited. I have been able to merge with him and feel his physical symptoms so I could get the proper treatment. Two times now it has been different than the medical diagnosis. He and I have a stronger bond of love. I’m not sure if he can sense me inside trying to help with his pain. But, there has been a change and he acts more loving towards me and happier.”

Clearly, this peak ability is valuable in situations where the patient or client cannot communicate their situation or needs adequately.

Beside peak states, the theoretical basis of our work has application to the treatment of serious childhood diseases (see Volume 3 for details). For example, we're currently researching a treatment for autism; and the prenatal causes for other serious diseases.

## Key Points

- A significant percentage of all children are born with a characteristic ‘invulnerability’ to life stressors.
- Certain peak states of consciousness give some immunity to trauma and stress.
- Children are much healthier psychologically if the umbilical cord is not cut immediately at birth.
- Contrary to many people's beliefs, prenates and young babies are conscious and can feel pain.
- Prenatal and perinatal traumas are a major source of problems in the developing child and adult.
- Good techniques now exist for healing prenatal and birth trauma in newborns and young children.
- The fetus is aware of the mother's outer environment and of her inner experience. Parents should give the fetus attention just as they do any of their young children.
- A mother's feelings and experiences cannot traumatize her fetus unless it is also physically injured during those times.

## Suggested Reading and Websites

### Holistic Childbirth Techniques

- Michael Gabriel with Marie Gabriel, *Voices from the Womb: Adults Relive Their Pre-Birth Experiences – A Hypnotherapist's Compelling Account*, Aslan Publishing, 1992. A very good introduction to prenatal regression for the layperson, with excellent advice for prospective parents that parallels my own.
- Sheila Linn, William Emerson, Dennis Linn, Matthew Linn, *Remembering Our Home: Healing Hurts and Receiving Gifts from Conception to Birth*, Paulist Press, 1999. It contains pictures, language and processes suitable for children, although with a strong Christian orientation.
- Gladys McGarey, *Born to Live*, 1980. This describes a holistic approach to childbirth and recommends dialoguing with the unborn child.
- Dr. Stephanie Mines, *We Are All in Shock*, Career/New Pages, 2003. Dr Mines is the founder of the Punahele program for birthing in Hawaii ([www.tara-approach.org/punahele.html](http://www.tara-approach.org/punahele.html)).

- Shivam Rachana, editor, *Lotus Birth*, Australia, 2000. An excellent compilation by a variety of the leading names in this field. ([www.humantransformation.com.au](http://www.humantransformation.com.au))
- Elena Tonetti-Vladimirova, *Birth As We Know It (Educational Edition)*, (DVD), 2006. Video of many different ways of alternative birthing methods. For more information, see [www.BirthIntoBeing.com](http://www.BirthIntoBeing.com).

### Working with Fetal and Birth Trauma in Infants

- Raymond Castellino's Prenatal and Birth Training, [www.castellinotraining.com](http://www.castellinotraining.com). One of the few people training in this field of healing traumatized babies, he uses a craniosacral approach.
- Dr. David Chamberlain, Babies are Conscious, an article at <http://www.terrylarimore.com/BabiesAreConscious.html>.
- Dr. David Chamberlain, *The Mind of Your Newborn Baby*, North Atlantic Books, 1998.
- Patricia Cramer, the Baby in Motion® technique at [www.worldschoolmassage.com/art-babies.html](http://www.worldschoolmassage.com/art-babies.html) She teaches a craniosacral approach to healing birth trauma in babies.
- Dr. William Emerson, *The Vulnerable Prenate, Pre- & Perinatal Psychology Journal*, Vol 10(3), pp. 125-142. Spring 1996.
- William Emerson, Emerson Training Seminars, [www.emersonbirthrx.com](http://www.emersonbirthrx.com).
- Viola Frymann D.O., Birth Trauma: The Most Common Cause of Developmental Delays, an article at <http://www.terrylarimore.com/BirthLearningDis.html>.

### Invulnerable (Resilient) Children

- E. James Anthony "Risk, Vulnerability and Resilience: An Overview", in E. James Anthony and B. J. Cohler (eds.), *The Invulnerable Child*, Guildford Press, 1987.
- Norman Garmezy, "Stress-Resistant Children: the Search for Protective Factors", in J. E. Stevenson (Ed.), *Recent Research in Developmental Psychopathology, Journal of Child Psychology and Psychiatry*, Book Supplement No. 4, Oxford: Pergamon Press 1985, pgs. 213-233.
- David Gelman, *The Miracle of Resiliency*, *Newsweek Special Issue*, 1991.
- Martin Seligman, An Interview with Martin Seligman, *Omni Magazine*, pg. 59, 1992.
- Martin Seligman, *Learned Optimism: How to Change Your Mind and Your Life*, Free Press, 1998.
- Martin Seligman, *The Optimistic Child: Proven Program to Safeguard Children from Depression and Build Lifelong Resilience*, Harper, 1996.
- Emmy Werner and R. Smith, *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*, Adams, Bannister and Cox, 1988.

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### Measurement and Identification Techniques for Peak States

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Over the decades that I've been developing this work on peak states, I occasionally met someone who was willing to volunteer time and energy into this project, and who also had the talent to actually contribute to the research. Dr. Mary Pellicer was one of these people. I first spoke to her around 1998, and, after she took one of my Whole-Hearted Healing trainings, she threw herself into this work and we ended up having an amazing time over a five-year period, co-teaching many of those early workshops. Over the course of those five years, she and Dr. Waisel (who had also joined me at about the same time) worked with me to explore the many stunning implications of my developmental events model. I felt very fortunate to have two such talented and motivated physicians sharing this difficult and often frustrating work, which was only occasionally interspersed with the exhilaration of new breakthroughs.

Mary shared my understanding of the importance of measurement, validation, and testing. In fact, she has made her living doing exactly that as a consultant for various health-related, non-profit and corporate clients. They hire her to find out if what they are doing actually gets results. I can recall many enjoyable and fascinating conversations about the implications of the model, and brainstorming about what to try next. For example, her emphasis on testing led to her to actually take the time to verify whether the CoA was always in the heads of our students – and it wasn't, which really surprised us both!

Mary also contributed a lot of time and effort in developing with me the first versions of the questionnaire we currently use to evaluate peak states in students. For this chapter, she also contributed the sections on the various medical approaches that might be used for identifying peak states in the future. Dr. James Hardt also kindly contributed the material on the use of EEG for peak states in this chapter.

I thought you might enjoy ‘meeting’ one of the important contributors to this project, so Mary kindly wrote the autobiographical section below.

**Mary's Story: Finding Out About Peak States**

"When I was seven years old my family lived in Africa for a time while my father, a physician, worked for the Peace Corps. It was at that time, as a response to being exposed to the depths of poverty and disease, that I decided that I would become a physician. What I realized much later was that I was beginning to hear my calling as a healer. After I became a physician and was working in a health clinic for migrant farm workers, I again heard my calling as a healer and began to question how I was fulfilling that life purpose in my role as a physician. I began to examine more closely my dealings with patients, wondering if I was helping to catalyze their healing as people as opposed to just trying to cure their diseases. As I learned more, I became more and more disenchanted with where the forces within organized medicine pushed me in relationship to healing.

"I left the clinic and went to work for a hospital, starting a Healthy Communities department, which allowed me to explore the possibilities of healing within the context of community. While working for the hospital, through a series of synchronicities, I became acquainted with the world of energy medicine and energy healing and, for several years, went from workshop to workshop, searching for answers. This search culminated in my meeting Grant McFetridge and I soon realized that his work with the Institute for the Study of Peak States was what I had been searching for.

"Shortly before finding the ISPS website (actually I was waiting for it to be created) I had entered the Inner Peace peak state of consciousness and was at a loss to explain how or why I felt as I did. For about six months prior to entering this state, I had been doing EFT constantly throughout the day, tapping on whatever came up that wasn't peaceful – this involved a lot of tapping. Simultaneously I was actively letting go of every judgment I found myself making. The end result (although I didn't know this would happen while I was doing it, and I didn't know about peak states yet) was that I entered the Inner Peace peak state. I realized suddenly one day as I sat at my desk as usual, that the constant gnawing anxiety and worry in my stomach (which I hadn't identified as such except in hindsight because it was always there and seemed "normal" to me) was gone – completely and utterly gone. My workload, my messy desk, my responsibilities, the demands from my family, everything in my life was all the same as it was the day before. But I was different; I just knew that everything would work out okay, even though I didn't know how. I just felt totally calm and peaceful. Nothing that happened seemed to bother me, I rarely got triggered by daily events and things around me looked amazingly beautiful, especially the clouds – sometimes I had to stop the car so I could just sit and watch them, they were so overwhelmingly wonderful.

"When I tried to explain how I felt to a close friend, I just got bewilderment and skepticism, so I just marveled and felt wonderful and intensely curious. Several weeks later when Grant finally got the website up,

I had a chance to read the descriptions of some of the peak states. I realized that I had many of the characteristics of the Beauty Way (we hadn't defined Inner Peace as a substate yet) and a major light bulb went off. That's when I knew that this was the work I had been searching for and when this exciting phase of my journey as a healer began."

-Mary Pellicer, MD

## Chapter Overview

In this chapter, we discuss some of the difficulties involved in trying to evaluate and measure states of consciousness. We also introduce the various methodologies available for this evaluation and measurement that we, and others in this field, currently use: self-reported state characteristics, state-dependent responses, assessment of peak abilities, and objective consequences of particular states. We also cover direct assessment, which is the use of the therapist's own peak abilities to identify a client's states.

There are also a host of potentially objective measurements that can be made for the purpose of identifying peak states. For example, electroencephalograms (EEGs) are already being used successfully for this task. Other approaches, such as electromyography (EMG), galvanic skin response (GSR), heart rate variability (HRV) and various body scan techniques may be useful for this purpose, but to our knowledge have not yet been used in this way.

We also cover approaches that do not work for identifying peak states, such as dowsing and CoA location assessment.

Appendix G contains our current written assessment questionnaire with a short description of how the questions are interpreted.

### *States, abilities and experiences in this chapter:*

- Seeing Brain Awarenesses ability

## Using the Scientific Method

The Institute for the Study of Peak States is in the business of studying consciousness and in particular peak states of consciousness. As far as possible we approach this study from a scientific and engineering mindset. By that I mean we make observations about what we are studying (i.e., we evaluate it), from these observations we create a model (or hypothesis) to explain the observations, and then we figure out ways to apply the model to the creation of techniques for acquiring peak states and abilities. The process also involves the constant development of new tools and techniques to observe, measure and crosscheck the phenomena. The model is then shifted and changed as necessary to accommodate new observations. Over time, the models become more accurate and the measurement tools become better.

This is a slow, unpredictable and very interactive process, not a simple, linear progression; we constantly revise everything, which often confuses or frustrates people who are not used to working in engineering or scientific research and development. When exploring a completely new field like this, we

never know if problems stem from the model, the technique, or the observations. To handle this, we test the predictions of the model to see if they are correct. If they are, we continue, but remain suspicious that we may still have made a mistake, and keep a lookout for the possibility and any new ways to crosscheck. If a prediction wasn't correct, another round of testing and theorizing is triggered, because the error may be in the way the observations or tests were run, and not in the model. This process is painfully familiar to new engineering and chemistry students in their labs, as they run experiments to prove basic models, often to discover that simple mistakes in their laboratory setup have invalidated the experiment – and they already knew their model was correct!

The scientific mindset includes a sense of objectivity or detachment about what is being investigated. However, because we're using consciousness to study consciousness, there are unique problems in this work that don't arise in the hard sciences. For example, unconscious interactions between people ('cording') can distort observations; techniques to detect and eliminate cording took a long time to develop and test. Another example involves active deception by the researcher's own triune brains, who mistakenly consider state changes to be life threatening. Much of our time has been spent in identifying these problems, and in figuring out ways to avoid or minimize them. In this work it is vitally necessary to use as many objective measures and as many different methods as possible to test and crosscheck our observations, because in this field it is all too easy to fool oneself, singularly or as a group.

Fortunately, it is often possible to also use indirect observations of peak state phenomena that are quite objective and quantitative. By analogy, no one has ever felt, seen or smelled a radio wave, but models of this phenomenon allow us to design cell phones that work, so we are fairly confident that the model is reasonably accurate. In the same way, our peak states models have also allowed us to create practical applications that can be verified, such as testable treatments for various problems of consciousness. One such example is our technique for eliminating the 'voices' found in many schizophrenics. (These applications are described in Volume 3.)

### **Assessment Tools Currently Used by the Institute for the Study of Peak States**

#### **Implementing Written and Oral Assessment Methodologies**

An oral assessment is what we use most frequently when working with students and clients. This basically consists of asking a subject a series of questions regarding the attributes or state-dependent responses of various states to see if they possess any of them. We tend to start with the attributes of the more common peak states, and if we get affirmative answers we move on to attributes of the rarer states. Examples of these criteria are qualities such as inner peace, underlying happiness, hollowness, inner light, spaciousness, and so on. With an oral assessment we are able to clarify or explain anything that our

subject doesn't understand, although we are still limited by the problem of translating internal experiences into words.

We also use a written assessment tool that formalizes our oral assessments. This consists of a questionnaire that a subject is asked to complete. The questions are designed to inquire about the attributes of various states of consciousness. The questionnaire is self-administered by the subject and as such is helpful when working with large groups of people. It is also systematic in that it asks questions about each attribute regardless of previous answers. It has the same disadvantage as the oral assessment in that we are limited by a person's ability to compare his internal experience with the description given in the question.

One distinct advantage of a written assessment over an oral one is that in capturing answers to each question we are able to gather statistics and compare answers to the questions over time – for example, before and after using some process to induce a peak state in a subject, or for longer periods. Appendix G contains the Peak State Questionnaire we have developed for use in the Institute. It is still in its beta version, as it has not been tested for either reliability or validity. The questionnaire is even more useful when someone can explain the questions, combining oral and written formats. When the questionnaire is applied this way, more details about peak state experiences surface; the client also feels safer about reporting unusual experiences.

### **Definition: Reliability**

The reliability of a measuring instrument (be it written or mechanical) tells us how consistently we are measuring whatever it is we are measuring. In other words, will a measurement tool I use today to make an assessment give me the same result tomorrow or at some later date? For example, if I use a wooden yardstick to measure my desk, I will get the same result every time I use it. If I use a yardstick made of a rubber band, I may get different results depending on how much I stretch it while measuring. The first yardstick will have high reliability, the second will have low reliability.

### **Definition: Validity**

The validity of a measuring instrument tells us how well it measures what it says it measures. For example, if a wooden yardstick is made incorrectly at the factory so that each inch mark is actually only three-quarters of an inch apart, the yardstick would have low validity.

### **Evaluation Using Predefined State Characteristics**

Clearly, there are problems with the approach of using oral and written assessments of a person's internal state based on a list of state characteristics. First of all, to create a questionnaire we have to define the states clearly, in specific and unambiguous ways. Identifying that a state exists and isolating its unique characteristics has been a slow and difficult task. The volunteers can have several states at once all mixed together, or have idiosyncratic

characteristics that have nothing to do with peak states. Identifying the most important characteristics has also been challenging. This is an ongoing task, and we recognize that we have considerably more work to do in this area.

Second, there is the problem of using words to define state characteristics if the person being tested has never experienced the state in question. In general, peak state characteristics are *not* extensions of something that people in average consciousness have ever felt (unless they've felt it during a peak experience). Unfortunately, even when particular states are common enough that there are words for the sensations, this doesn't mean that people mean the same things when they say them. For example, even if you grew up never having felt 'happiness', 'wholeness', 'peace', 'joy', and so on, you would just translate the words into sensations you have had. This means people often say they have a particular state characteristic when in actuality they do not.

Fortunately, some of the states can be described with words that a person in average consciousness can't even imagine having ever felt. An example would be the realm of the Sacred state, where one experiences oneself as something that looks like a totem pole floating in black fluorescent space while simultaneously existing in the physical world. As another example, people are usually able to assess their state of internal brightness and whether or not they have a skin boundary. More people seem to struggle with assessing whether or not they feel 'hollow' or 'sacred'. Once you have had these experiences, they are unmistakable, and people almost always use those words to describe them. However, if you never have had the experience, trying to decide whether your body feels 'hollow' or not can be daunting for some people. They sometimes mistake the absence of pain in the joints and muscles for not being able to feel that they have joints, muscles, internal organs, and so on. The quality of feeling sacred presents another problem; since some people have a belief that their bodies are sacred by definition, they mistakenly use this conviction to identify this state. A similar problem can occur with the states of Underlying Happiness and Inner Peace.

And as we saw earlier, we have another tremendous advantage in our work over that of researchers in the past – we can routinely put some of the test subjects into a given target state of consciousness in a short amount of time. This allows the subject to be able to identify the meaning of the words by clearly experiencing the 'before' and 'after' state. When this happens, the subject gets a first-hand experience of the sensations of the state. With hindsight, they can revise their initial responses to fit what they now understand experientially.

#### Example:

A woman in her 50s had been on a lifelong quest to heal her emotional quality of life and her addiction problem. We ran the Inner Peace process on her, and she quickly moved into the state. In spite of her years of work, she had never experienced what true inner peace was, even though she had used the word to apply to herself initially. She found it totally amazing. It turned out that her husband was in the Underlying Happiness state, and her sister

was in the Beauty Way. Up to then, she had always assumed they were both in denial, and she was often trying to get them to ‘be real’ like herself. She spontaneously apologized to them that day for her previous beliefs and behavior.

From a measurement standpoint, there is also the major challenge that certain states are present along a continuum, as opposed to just being either present or absent. Likewise, certain states when not fully acquired can manifest in only certain parts of the body as opposed to the entire body (e.g. hollowness and sacredness).

### Evaluation Using State-Dependent Objective Consequences

We are very fortunate that some of the states have unique qualities that are objectively verifiable, albeit through self-reporting. This is different from evaluation using state characteristics, as these qualities are not subject to debate or interpretation. This approach is by far the most conclusive way to identify states and measure their strength.

The best example of this type of objective consequence is found in both the Inner Peace and the Beauty Way states. When people in one of these states are asked to recall painful or difficult traumas from the past, they will report that there is absolutely no emotional pain from those events. This effect applies to all of their past traumatic experiences, not just a few events that might have been healed at one time or another. It should be clear that from a conventional psychological viewpoint such a response is impossible. As this consequence is not considered part of the normal range of human variability, it acts as objective proof for the existence of peak states of consciousness. Interestingly, people can have partial versions of the state, making their lack of traumatic sensations also partial. The full state can easily be verified, however, since there is only one correct answer with regard to their ability to feel old trauma.

As you might imagine, we continue to look for more of these unambiguous, easily measured, and objectively verifiable state-dependent consequences in other states. In fact, I expect that other objective consequences have already been noticed by psychologists, but were mistakenly assumed to be just part of normal human variability. Since there is a distribution in degree of people’s natural peak states, there is a corresponding degree in variability of the consequences of the states, masking the existence of discrete peak states in conventional studies.

### Evaluation Using an Assessment of Abilities

Another way that can help in the assessment of peak states of consciousness is to look for associated peak abilities before and after peak states work. For example, certain states give one the ability to see through objects; others, an enhanced vision that allows you to see behind or around objects. Wide-angle vision (the use of central and peripheral vision simultaneously) is an ability that seems to be linked with the Being Present state. Some shamanic traditions actually use this technique of seeing to induce the state. Simple tests could be

constructed to check for these types of visual abilities, although to date we have not had the time to do this. Interestingly, airplane pilots often have an enhanced 3-D vision that may actually be from this peak ability.

In some shamanic traditions one of the abilities assessed is the control of body temperature. The subject is put into icy-cold water to see if he has the ability to stay warm. This ability indicates that the person is able to move into a state of body control at will. In this state the body consciousness is able to use its innate abilities. This may be due to a triune brain fusion state; however, we haven't yet done any testing of this speculation.

Certain states, such as the Primary Cell state, or some peak abilities, such as Seeing Brain Awarenesses give the person abilities that can be verified by others with the same skills. For example, we routinely have our students acquire these abilities, and we can verify it because they can now employ the corresponding 'state-dependent' healing techniques.

There are other unusual abilities that could be tested for; however, we have not yet finished a systematic study or definitive inventory of these various abilities to determine exactly what peak states they are correlated with. We have simply noticed that as people move into various states these abilities often show up and then disappear if the state is lost. More investigation is needed to test the feasibility of using the assessment of unusual abilities in a reliable way to evaluate peak states.

### **Evaluation Using State-Dependent Responses**

We also use a fourth, very different method to evaluate a person's peak states. Instead of asking about characteristics of the state, we ask questions that have different answers depending on which state the person is in. Interestingly, people in average consciousness have a range of possible answers. But if they are fully in the state in question, it's obvious to them that only one answer fits, and they will give it regardless of the choices offered. This approach gives a simple way to make a cutoff point for the degree of a person's state – people that are only partially in the state are not sure of the correct answer.

This approach for evaluating states is commonly used in Rinzai Zen Buddhism, and the questions are called 'koans'. Doubtless the early developers of Zen encountered the same problem of evaluating states in their students that we did.

#### **Example:**

The question, "Why are you alive?" has a huge range of answers for people in average consciousness. However, people in the Beauty Way state have a consistent and immediate answer to this question – "To live", or slight variations on this – although their answer does not really make sense to people in average consciousness. People in the Underlying Happiness state have a just as strong and consistent response, although their answer is different – "To love."

**Definition: Koan**

A koan is a Zen teaching riddle, a paradox to be meditated upon that is used to train Zen Buddhist monks to abandon ultimate dependence on reason and to provoke them into gaining gradual or sudden intuitive enlightenment.

**Direct State Assessment**

The following methods of state-of-consciousness assessment are what we currently consider the ‘gold standard’ for measurement. In them, the assessor uses various peak abilities to perceive peak states in the client without the need for any participation by the client. However, this requires extensive training on the part of the assessor, both in acquiring relevant states and in learning how to use them properly. We now use this approach as a standard part of our work (both for identifying peak states, and much more frequently, for diagnosing other problems in clients). This approach is like having the answers to test questions at the back of the textbook, as it allows us to check the answers we get using other evaluation methods.

Our early work involved a lot of cross-correlating the findings from this type of direct assessment with findings from the indirect assessment methods (questionnaires and objective marker tests) to test for validity and repeatability. We found out the ways these perceptions can be distorted, and developed techniques to eliminate these problem. Now we continue to refine the possibilities and limitations of this method of assessment but to a much lesser extent. As a matter of course, we also have students crosscheck each other, and then check with their teachers to make sure they are seeing accurately.

***The Seeing Brain Awarenesses Ability***

This method is ideal for evaluating the various triune brain peak states. The person doing the assessment can ‘look’ at a subject and become aware of their brain consciousnesses. These appear (at this level of vision) like diffuse glowing balls in the subject’s body on a dark background. When the brains are not merged, the Buddha brain awareness is above the head, the mind brain is in the region of the head, the heart brain in the chest, and so on. As described in Volume 1, there are a variety of ways the brains can combine, and we use a Perry diagram to record this. If all of the brains merge, they appear as one diffuse glowing ball in the upper belly. The ability to see brain awarenesses is also used to determine the degree of the client’s Brain Light peak state from the degree of whiteness of the diffuse brain awarenesses.

This ability has an even more important use for therapy clients. A number of clients’ problems can be swiftly diagnosed using this ability, such as brain shutdown states, the flattened emotions problem, and others. This is covered in Volume 3.

Maureen Chandler originally identified the exact developmental event that gives the ability to ‘see’ the triune brain awarenesses. When she wished to see the awarenesses, she would just recall the feeling she had at that moment (i.e., subconsciously regress to that event). This ability is acquired at birth.

**DANGER**

*Accessing the developmental time zone relevant to the Seeing Brain Awarenesses ability can trigger extreme suicidal feelings and actions in people, even ones who have never felt suicidal before. It should only be attempted with the assistance of trained therapists in appropriate settings.*

**Example:**

Maureen writes: "It was right after birth. My baby eyes were closed, yet I could still see everything. I felt awe. When I 'look' at the brain awarenesses, I see an oval hole in my usual white, brightly lit field of view. Inside the oval is a dark area, with the brain awarenesses as bright fuzzy balls of light."

**Example:**

After one of our workshops, Pamela Black, a workshop participant, was able to see the brains' awarenesses as glowing balls. As she puts it, "... I also found that I'm now automatically looking at people's brain states. Even on TV, I noticed that the girl who won the gold medal in Olympic figure skating, shocking everyone, was in a peak state when she went out on the ice, while the other major contenders had in-fighting between their body brains and one other brain at least. Interesting use of this talent!"

Once the therapist has the peak ability, he has to spend time eliminating the problem of coding and traumas that give false perceptions. This has to be done, or else these perceptions may be distorted without the therapist realizing it. On a personal note, it is a lot of fun to be able to enjoy the excitement of a group of students who are comparing perceptions as they practice this new ability.

***The Merging Consciousness Peak Ability***

With the 'merging' peak ability, an assessor can merge his consciousness with the subject and in that way experience what state the subject is in. This requires that the assessor be able to fully merge *and* be familiar enough with various states that he can recognize what state the subject is in. This means that assessors also need to have the full state that they are trying to assess, or they will block it from their awareness. How to merge consciousnesses, and how to heal the potential risks that need to be eliminated first are covered in our therapist training classes.

The ability to merge consciousnesses is primarily used for healing with the Advanced Whole-Hearted Healing technique, but is very convenient for identifying peak states. With training it can also be used to induce states in clients or students.

**DANGER**

*Merging can cause severe emotional and physical symptoms that do not go away after the merge ends. In extreme cases it can cause severe*

*schizophrenia in the assessor. This problem must be dealt with before the therapist uses this ability.*

### *Primary Cell Assessment for Peak States*

By using the Primary Cell state, it is possible to see features in the primary cell that identify a wide variety of states. This is one of the most versatile states we know of for identifying states and diagnosing clients' problems, once the markers that one needs to look for have been identified. This is where most of our current efforts are focused. For example, the Being Present state turns the normally-dark ribosomes white. The degree of whiteness corresponds to the degree of the state. As another example, people with the Inner Peace state have unusual trauma strings on the nuclear wall. Usually, these strings have what looks like an anchoring cement block on the nuclear pore. People with Inner Peace don't have these blocks – instead, the ribosome string simply goes into the center of the pore's closed iris, like the hair in a follicle.

## **Other Potential Assessment Tools**

### **Currently Available Assessment Tools in Psychology**

There are other questionnaires (mostly from the field of psychology) that have been developed to measure different aspects of a person's internal experience, and that may prove useful in our evaluation of peak states. However, they have not been specifically designed to measure peak states of consciousness. In fact, current psychological models do not recognize distinct peak states of consciousness, and so the measurement tools try to fit their results into the theoretical range for the general population. An example of this is the Subjective Happiness Scale developed by Sonja Lyubomirsky, PhD. A subject in the Underlying Happiness state and many of the other peak states would score very high on this scale, although whether the scale can be used to differentiate between subjects in this state and those who are not is unknown.

The new field of Positive Psychology (developed by Dr. Martin Seligman) – and the tools and techniques developed therein – is one area that potentially has great utility in measuring peak states. We soon hope to be exploring the usefulness of some of Dr. Seligman's measurement scales in our assessment efforts.

When working with any type of assessment tool (and questionnaires in particular), it is important to know the population it was validated with. Because currently available tools were developed with a population most likely in average consciousness, they may not be able to pick up the nuances and characteristics of peak states. In other words, the top of the scale can be expected to measure people in very high functioning average consciousness but not peak states of consciousness. However, this is just an issue to keep in mind as we explore the potential utility of these measurement tools.

## Potential Objective Assessment Methodologies

The next class of measurement methods involves various objective assessment methodologies. We have great interest in these approaches, as we feel that acceptance of the paradigm of peak states of consciousness needs a physiological measurement technique that can measure them without the problem of subjective bias. This area is mostly theoretical at this time, as we have not had the resources necessary to explore the possibilities. However, there are some researchers already doing fascinating work with some of these modalities that show much promise in the area of assessing peak states of consciousness. In particular, we note Dr. Hardt's work with brain biofeedback below. As we continue to do research into assessment methodologies, this is an area that warrants further in-depth analysis, since it provides the opportunity to use tools currently accepted in mainstream scientific disciplines. This type of assessment will tie this new frontier of peak states to the foundational work that has gone before.

The objective measurement tools we will explore have all been developed to measure various physiological, electrical or anatomic phenomena of the human body. Most of the information on their use in assessing health and disease is based on a population in average consciousness. Since we view the various peak states as being an expression of the true potential for human health, we expect that the findings from these physiological measurement tools will be different if applied to a population in peak states of consciousness. As we do further exploration with these tools, we will be looking for objectively measurable physiological markers (or patterns among these markers) that are indicative of the various peak states of consciousness. Note that these tests may be valid for some states and not others, because different states involve different metabolic pathways and effects in the body.

Fortunately for our work in developing objective measurement techniques, we have the ability to move people rapidly into peak states in a laboratory setting. This allows us to look for 'before and after' changes in individuals and in groups that have moved into the same state of consciousness, to isolate any key markers.

### *Electroencephalogram (EEG)*

EEG (electroencephalogram) equipment measures the brainwaves or electrical energy created by the activity of the brain's nerve cells. Because the EEG deals directly with the brain (thought by many to be the seat of consciousness), it is one of the most widely used objective tools for exploring consciousness. It is used in many different ways within the medical and psychological fields; however, Dr. James Hardt of the Biocybernaut Institute is in the forefront of investigations into using brain-wave biofeedback for healing and for attaining peak states of consciousness. One of his more exciting projects is called 'The Library of Alexandria'. This project aims to record, archive, and make available for training others with the brain wave patterns of spiritual masters from as many different traditions as possible. This project is in its

infancy and is one that we at the Institute for the Study of Peak States have a keen interest in. For more on Dr. Hardt's work, we suggest you visit his website at [www.biocybernaut.com](http://www.biocybernaut.com).

For this chapter, Dr. Hardt was kind enough to share with us some of the key problems he has encountered in using brain wave measurements to identify peak states of consciousness. He found that much of the current technology that is commercially available has severe weaknesses in equipment and method of application, which inhibits the easy identification of peak states of consciousness. He identifies the main areas that need to be addressed:

*1) Inadequate filtering in the measurement of the brain wave signals*

Since the different brain-wave frequencies are very close together, and can vary drastically in amplitude, most equipment in use today has inadequate rejection of out-of-band frequencies. To a layperson, this means that if a subject has a high-amplitude alpha wave, say in the 100 microvolt range, the equipment will incorrectly report the amount of other types of brain waves present in the bands adjacent to the alpha band, because of “leakage” into the adjacent bands of the *big* alpha waves. There may actually be *no* activity present in the adjacent bands, and yet activity will be reported due to “leakage” through filters that are not steep enough (not enough dB/octave of attenuation). As these other waves often contribute to the generation of important states, the inadequate filters render the measurements inaccurate and in some instances worthless. The equipment generates numbers and data, but the equipment operator is likely to be unaware that his measurements are flawed and the data is wrong. Filter rolloff is measured in terms of decibels per octave of frequency (dB/octave), and rolloff in the order of 300-400 db/octave is required for reasonably correct results. But rolloff is not the whole story in filter design.

Also important for any measurement accuracy is the flatness of the pass band region. The ideal filter looks like a table mesa, with steep or vertical edges and perfectly flat across the top. If the filter is not flat across the pass band region, then brain waves that meet the frequency criterion for that particular brain wave (delta, theta, alpha, beta, gamma, etc.) will be scored differently by that filter if they have even slightly different frequencies. Most typically a non-flat filter will have a parabolic form, highest near the middle of the filter. So brain waves at the frequency of that elevated peak will generate a higher “amplitude” or “power” score than will brain waves of identical true power that are above or below the frequency of the elevated peak of the filter. There are other potential flaws in filters such as delay times and ringing and alterations of phase, but those are beyond the scope of this introduction. Suffice it to say that most brain wave filters commercially available do not measure up in terms of accuracy.

## *2. Adequate number of electrode sites*

To correctly map the more complex brain-wave patterns that can accompany peak states of consciousness, adequate resolution of the various surface electrical signals is always required. Adequate in this case can mean the need for over 100 electrodes. Fortunately, a much smaller number of sites can often give useful results, something in the order of 8-10 electrodes.

## *3. Correct placement of measurement probes*

Inexact placement of the electrodes can cause significant errors in making a brain wave map. There are many variations in sizes and shapes of skulls among subjects. This can create a problem in having reproducible results on the same subject due to the slight differences in placement of the electrodes. Therefore, careful measurements of each head must be made each time brain-wave recordings are made. By using the International 10-20 electrode placement system, which uses ratios and proportions to locate key head sites, it is more likely that a given electrode is correctly placed over the same brain region on different recording sessions.

## *4. Proper attachment of electrodes to the scalp*

At this time there is no simple and gentle way to place the electrodes on a person's scalp. Training and skill is required. Typically, a trained operator takes about 30 minutes to correctly affix 8 electrodes to the skull. There are ways that are quick and simple, using needle electrodes, but they are not gentle. They are painful and prone to infection. Methods that are gentle enough to use every day for a week or more of brain-wave training take time, lots of time, in the application of the electrodes.

## *5. Subsurface (subcortical) activity not discernible with surface electrodes*

Much of the subsurface brain activity is unlikely to show up on the surface of the brain for measurement. We can be sure that measuring only surface EEG will miss many important features of useful peak states. In fact, two distinctly different peak states that look alike in the surface EEG may only be distinguishable by reference to sub-cortical brain activity. It may be necessary to use alternative and more complex and much more expensive technology like magnetoencephalography (MEG) to record the subcortical activity that may provide the defining hallmarks of some interesting peak states. MEG requires cryogenic cooling with liquid helium for the detectors to work. This adds a whole layer of complexity to the technology, but the only present alternative is to stick needles deep into the brain, and few people would volunteer for this. So we must use MEG to record and give feedback upon the subcortical activity.

As Dr. Hardt's experience has shown, it is quite possible to assess various peak states using measurement of the EEG and in fact to move people into peak states by using sophisticated biofeedback of their brain waves. However, as can

be seen from Dr. Hardt's descriptions above, getting accurate measurements of what is really going on in the brain is one of the key challenges to use of this technology. Although there are many practitioners and technicians doing brain biofeedback work, most do not have the expertise or the necessary equipment to use it for this highly specialized purpose of assessing for peak states of consciousness. Our hope is that as more researchers become interested in peak states of consciousness, this type of sophisticated EEG equipment and analysis will become more widely available.

### *Heart Rate Variability (HRV)*

Another tool that may have some utility in the assessment of peak states is measurement of HRV (heart rate variability). This technique has been explored in depth by the researchers at the Institute for HeartMath and is the basis for some of their feedback tools that help bring people to an experience of heart and brain entrainment. In this condition, the rhythms of the heart and the brain waves are frequency locked, oscillating at the same frequency and phase.

Continually working with the HeartMath tools and bringing oneself to a state of heart and brain entrainment leads to increased levels of internal coherence and seems to eventually bring at least some people into peak states of consciousness. However, we have not explored how the HRV assessment may be useful as a measurement of a current peak state or lack thereof. From Mary Pellicer's own experience she knows that being in the Inner Peace state of consciousness makes reaching heart and brain entrainment much easier and this is probably true for many other peak states as well. In some states, heart and brain coherence is probably ongoing and there may be certain patterns within the various heart rate variability measurements that are characteristic of certain states; however, further exploration will be required to verify these assumptions.

Unlike EEG measurement, which assesses numerous frequencies generated from all different parts of the brain and is therefore tremendously complex, HRV uses only the single electrical signal measurement from the heart and therefore the analysis is much simpler. Certainly, if this technology can be further harnessed to both measure peak states and, through biofeedback (such as HeartMath is doing), move people into peak states, the potential for its wide availability is much greater than that of the EEG as discussed above.

#### **Definition: Heart rate variability**

Heart rate variability (HRV) is a measure of the beat-to-beat changes in the heart rate. The two branches of the autonomic nervous system are continually acting on the heart and slightly changing the time between each individual heartbeat – the sympathetic branch speeds up the heart rate and the parasympathetic branch slows it down. Analysis of HRV gives a measure of the balance and harmony between these two branches of the autonomic nervous system.

### *Galvanic Skin Response (GSR)*

The GSR (Galvanic Skin Response) meter is already used in some healing methodologies (e.g., Traumatic Incident Reduction (TIR) and Scientology) to track down traumatic material and assess whether it has been cleared or not. This suggests that there may be some way to use GSR measurement to assess certain states of consciousness, possibly by assessing lack of reactivity to various stimuli, such as a certain Gaia command which is correlated with a certain peak state of consciousness. However, to our knowledge, no one is currently exploring this possibility.

The other possible way to use GSR measurement is in processes designed to induce certain peak states. For example, in the process to induce the Inner Peace state, one could look for a ‘clear’ GSR reading on the indicator traumas rather than relying on a person’s subjective units of distress (SUDS) rating. Sometimes a very low SUDS feels like a zero (indicating there is no emotional charge left on the trauma) when in fact there is such a tiny amount of charge; the subject, being used to a much higher charge, isn’t able to perceive it. In this application it would also be useful to look for a ‘clear’ reading on the Gaia commands being used for induction.

#### **Definition: Galvanic skin response (GSR)**

GSR (also sometimes referred to as an Electrodermal Response or EDR) is a measure of the electrical resistance of the skin to the passage of a tiny electric current. This measurement is typically taken on the fingertips or palms. Measurement changes occur when a client is stimulated emotionally due to the physiologic response of the autonomic nervous system (which includes increased sweating). The magnitude and pattern of the changes in this resistance have been found to be associated with a subject’s level of cortical and emotional arousal as a result of a thought, emotion or body sensation. GSR measurement is usually used as a part of “lie-detector” equipment.

### *Electromyogram (EMG)*

Electromyography is another objective way to measure the electrical energy being generated within the body. An electromyogram (EMG) measures the electrical current generated when a muscle shortens, whereas the more familiar EEG and electrocardiogram (ECG) measure the electrical current generated within the brain and heart respectively.

Valerie Hunt is the researcher who, to Mary Pellicer’s knowledge, has done the most work with the EMG and its relationship to subtle energy phenomena. (She describes her work, findings and explorations in her book *Infinite Mind: Science of the Human Vibrations of Consciousness*.) As a physiologist she used traditional EMG recordings extensively in her university research to study muscular physiology. However, as she began a research project into the effects of Rolfing, what she and her team found was that if they modified the equipment and measured from the body surface they could capture extremely high

frequency (EHF) biologic electrical currents (500-20,000 Hz) usually dismissed as “background noise” in traditional EMG measurements. They ended up using this enhanced setup to record the electrical activity from the surface of the body (particularly over the chakras), then filtered the baseline data to remove the very strong electrical frequencies produced by the heart, brain and muscles so they were left with a very small-amplitude, very high-frequency recording. They then began to collaborate with aura readers and were able to correlate the high-frequency readings they were getting with the auras of their subjects, noting that certain colors observed by the aura readers translated into certain frequencies on the spectrogram.

Also of note in regards to assessing peak states is that Dr. Hunt made recordings of subjects in various states of consciousness: average consciousness, people using psychic abilities, people in trance states, and mystics. Dr. Hunt was able to delineate various characteristics and patterns of the frequency spectra recorded from the mind-fields of the subjects in each of these states of consciousness and differentiate between them.

This type of objective measurement holds much promise for application to measuring and assessing peak states of consciousness. However, as we saw with EEG measurement, the equipment needed has to be modified and enhanced from that typically used in the measurement of EMGs, hence making this a less viable option for many potential researchers.

### *Body Scans*

Still another type of biologic assessment, which may prove useful in measuring peak states of consciousness, is the body scan. There are a number of different technologies in common use for garnering anatomical and functional details of the body. The two main techniques that capture anatomical detail are the CT scan (computed tomography), which is a very fancy X-ray that captures pictures of cross-sections of the body, and the MRI (magnetic resonance imaging), which utilizes magnetic and radio waves to get a highly detailed image of anatomical structures within the body.

The PET scan (Positron Emission Tomography) actually measures molecular-level physiological functions of the body and can be used to measure various physiological processes such as glucose metabolism, blood flow, blood perfusion, and oxygen utilization. A newer technology, the functional MRI (f-MRI) scan, uses MRI equipment to measure blood volume and flow and oxygen levels of the brain and can be used to find which parts of the brain are used for different cognitive or perceptual tasks.

Mary Pellicer's notion that any of these scans might prove useful at some level for assessing states of consciousness comes from the work of Dr. Ryke Geerd Hamer from Germany. Dr. Hamer has developed a system of healing called the New Medicine. By studying CT scans of his patients he discovered formations he calls Hamerschen Herde, which are typically dismissed as artifacts by conventional radiologists but which Dr. Hamer correlates with traumatic events in his patients. He has found that these Hamerschen Herde have a

different configuration if the trauma is in the conflict-active phase or in the conflict-resolution phase. (Note: there is controversy around Hamer's work; his interpretation of the artifacts may not be correct.)

Extrapolating from our knowledge of peak states of consciousness and the understanding that certain developmental traumas are correlated with blocked peak states points to the possibility that there may be tissue-level changes (visible on body scans) that correlate with different states of consciousness, just as there are tissue-level changes that correlate with various disease states and stored traumas. Whereas Dr. Hamer worked solely with the anatomical pictures from the CT scanner, it seems that the functional scans may prove even more useful in studying peak states of consciousness. Though there may be no functional pattern pathognomonic of certain peak states, it certainly seems that the measurement and observation of brain function via PET or f-MRI scan will yield valuable information about what changes take place in the brain as a person moves into and begins to operate from a peak state of consciousness. Dr. Daniel Goleman's book *Destructive Emotions* describes just such measurements made on Tibetan Lamas.

### *SQUID Magnetometer*

One other possibility for detecting states lies with the SQUID (superconducting quantum interference device) magnetometer, which uses two superconductors to measure the incredibly small biomagnetic fields produced by physiological processes in living organisms. The biomagnetic fields measured with the SQUID magnetometer give a clearer representation of the actual events taking place within the body than measurements taken at the skin surface (EEG, ECG, EMG), because the distortions caused by the surrounding body tissues are absent with this technology. Using SQUID detectors, it is possible to produce three-dimensional maps of the biomagnetic fields around the body and it may be that these maps contain signature characteristics of the various peak states. We look forward to this cutting-edge technology being applied to the field of consciousness research.

### **Invalid Assessment Tools**

#### **Applied Kinesiology, Dowsing and Hypnosis**

A couple of other methods involve semi-objective tools for getting information. These are the various dowsing methods, which can involve muscle testing, pendulum dowsing or radionics. As has been shown by many practitioners, these methods all have utility for accessing information that is not consciously available to the subject or client, such as finding underground water with a dowsing rod. However, these methods all have the drawback of being intrinsically linked with the consciousness of the investigator – the techniques merely communicate with the subconscious body triune brain. Unfortunately, the body brain does not have the ability to form judgments and so cannot stop itself

from error based on meaningless traumatic associations. If the questions trigger fear or concern in the body in any way, it will give unreliable or actively misleading answers. Also, it has its own viewpoint, objectives, and pretend self-identities quite separate from that of the conscious person. Additionally, these techniques are very easily influenced by the investigator's will and desire, *and* by the emotions or will of other people.

These techniques are merely inadequate substitutes for direct communication with the body brain. Direct communication is possible for a person in average consciousness by using Dr. Gendlin's Focusing technique, but it is a slow and relatively difficult process. Far superior is to use the Hearing the Brains peak state of consciousness to communicate with the body directly, like talking to a friend on the phone. Once you have this ability, you quickly realize that the body consciousness has many mistaken beliefs and the maturity of a five-year-old. Although the body can sometimes give valid information, at times it is like a child making up stories to please the person asking, and at other times it is actively being deceptive. Indirect communication with the body via muscle testing is like having a curtain between you and your oracle – and once you peek behind it you realize you were only talking to a child. Although many people assume that if the investigator is in a calm and detached state of mind, the responses will be valid, the truth is that the subconscious body brain can still play out its own agenda.

At one time we evaluated these approaches for our work, but we quickly found the problems with them are intrinsically insoluble. Interestingly, one can use a GSR meter to monitor the body brain's anxiety about a topic, and so identify responses that are invalid – but this doesn't help other intrinsic problems like meaningless associations or brain pretend self-identities. (In this discussion, I assume the person' body consciousness isn't in the very rare 'Sacred Body' state – if so, most of these concerns are no longer valid.)

Another possibility, which we have not yet explored, is putting subjects into a deep hypnotic state to access information about their state of consciousness. How reliable this method might be is unknown at this time.

### The 'Center of Awareness' (CoA) and Peak States

As I've mentioned, we were quite surprise to find that the CoA can vary drastically in location and extent between people. At first we hypothesized that this might identify different triune brain fusion states. We have since then abandoned that idea. Instead, the location of the CoA turns out to just indicate the extent of a particular trauma in early development that blocks the CoA from extending uniformly through and around the body.

### Estimating the Occurrence of Peak States in the General Population

In this chapter, we've focused on identifying specific peak states in our students and clients. It would be useful to know how the states are distributed in the

general population, or in specific groups (national, geographic, social, etc.). Obviously, we can extrapolate from the students we have done measurements on, but this is clearly not a typical, representative sample. This step may have to wait until both the measurement techniques and the financial resources to administer and evaluate tests become available.

As mentioned in Volume 1, it may be possible to generate theoretical estimates of occurrence of states based solely on the developmental events model. The first step would be to determine the probability that any given developmental event will be encountered with enough trauma to block the corresponding peak state after birth. It may be possible to roughly measure these probabilities in representative volunteers by saying a Gaia command while they have their galvanic skin response (GSR) measured, to determine the occurrence and relative amount of trauma. With this information, overall estimates of the occurrence of any given peak state could be computed by using probability statistics. This would give a crosscheck on actual measurements of the states in the target population. This might also be used to predict the existence of previously unidentified developmental stage traumas if the estimate and the actual measurement don't match up well enough.

### **Future Implications**

Measurement and assessment techniques for peak states of consciousness are in their infancy. As more investigators become aware of the tremendous potential of the study of peak states of consciousness, I predict that this area of inquiry and exploration will rapidly develop, gaining in sophistication and refinement at each step. I look forward to expanding the scope of this chapter in future editions of this book as we progress in our understanding and application of these techniques.

### **Key Points**

- The assessment and measurement of peak states of consciousness is an area of study in its infancy.
- Various methods of measurement are available including oral or written assessments, numerous objective tests currently used in the fields of medicine and psychology, semi-objective assessments using dowsing techniques, and what we consider the 'gold standard': direct assessment of a subject by an investigator in an exceptional peak state of consciousness.
- Dr. James Hardt has assembled EEG brain-wave profiles of people who have various peak states.

## Suggested Reading and Websites

### Electronic measurement tools

- Doc Childre & Howard Martin, *The HeartMath Solution*, HarperSanFrancisco, 1999. It describes their current work on heart rhythm synchronization. The HeartMath website is [www.heartmath.com](http://www.heartmath.com). Training sessions are available.
- Daniel Goleman, *Destructive Emotions: A Scientific Dialog with the Dalai Lama*, Bantam, 2004. Some chapters discuss the use of EEG, MRI and fMRI measurements on Tibetan Lamas.
- James Hardt, *The Art of Smart Thinking*, Biocybernaut Press, 2007. This book goes into Dr. Hardt's brain biofeedback work for healing and peak states. His website is [www.Biocybernaut.com](http://www.Biocybernaut.com). Brainwave training sessions are available.
- Dr. Ryke Geerd Hamer, *Summary of the New Medicine*, 2000. An English translation of his work on the relationship between brain lesions and trauma. It may be purchased at [www.newmedicine.ca](http://www.newmedicine.ca).
- Valerie Hunt, *Infinite Mind: Science of the Human Vibrations of Consciousness*, Malibu Publishing Co., 1989. Dr. Hunt's website is [www.bioenergyfields.org](http://www.bioenergyfields.org).
- Peter Shepherd's Tools for Transformation website includes use of GSR meters for doing clearing and transformational healing work. See [www.trans4mind.com](http://www.trans4mind.com).

### Relevant psychological measurement tools

- Shane Lopez and C.R. Snyder, *Positive Psychological Assessment: A Handbook of Models and Measures*, American Psychological Association, 2003.
- Isshu Miura and Ruth Fuller, *The Zen Koan*, Sasaki, Harcourt, Brace, and World, New York, 1965. A good text on Zen koans, but without the koan answers.
- Michael Murphy, *The Future of the Body: Explorations into the Further Evolution of Human Nature*, Putnam Publishing, 1992. A survey of data and concepts from the 1980s.
- Martin Seligman, *Authentic Happiness*, Free Press, 2002. Highly recommended.
- Martin Seligman, *Learned Optimism*, Alfred A. Knopf, New York, 1991. An excellent book with measurement scales and advice for implementation of an 'optimistic' state. The forerunner to his 'Positive Psychology'.
- Positive Psychology website: [www.positivepsychology.org](http://www.positivepsychology.org). This is Dr. Seligman's name for his approach to the academic study of peak states of consciousness. Recommended, especially for his measurement tools.

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## New Frontiers: Other Unusual Peak States

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### Chapter Overview

This chapter describes various peak states that I've briefly experienced but haven't yet classified or found the developmental events for their acquisition. I've chosen to list these states with the story of how each was encountered, to give you a feeling for the 'raw' data we start with when investigating a new state.

I believe the listed states are all distinct states, but this may not be correct. It can be a bit hard to tell at times if what we're experiencing is a combination of states, substates, or something new and unique to itself. Thus, you can expect changes and more details as the work progresses, and the redefinition of some states whose characteristics we misunderstood.

The peak states, abilities and experiences listed in this book are not all of the ones that exist. We're still finding new ones as our regression work progresses. Additionally, descriptions of more states are mentioned in spiritual and shamanic literature, or in databases on unusual or scientifically anomalous experiences such as the Exceptional Human Experiences Network archives. This work is still in its infancy, and there is still a lot of material to explore.

*States, abilities and experiences in this chapter:*

- I Am state
- Listening to Silence state
- Loving-Kindness state
- Being Truth state
- Primary (or Platonic Ideal) Emotional states
- Immunity state

### Unanalyzed Peak States

#### *The I Am state*

I was walking along the crater rim at the volcano in Hawaii on a beautiful sunny day, feeling the overwhelming size of the peak in the distance when

suddenly I started reliving the evolution of the human spine. This lasted for 5 minutes or so. I came to a place by the side of the road, and then sat down for a while, and surprisingly found that the toxic fumes coming out of the fumaroles no longer bothered my lungs, which was quite a noticeable change. I then moved into the overwhelming sensation of a state I'd never had before. I suddenly had a whole-body experience of knowing that "I am", that I really existed, and that the world around me also was real. As odd as this sounds, the experience was a complete surprise – by contrast I realized I'd been going through life as if it were all pretend. I also found a heightened appreciation of the complexity and uniqueness of physical objects, especially living ones like the plants alongside the road. This state lasted several hours, slowly fading as the day wore on.

#### *The Listening to Silence state*

I was standing outside my home one sunny afternoon, with the ocean waves making a gentle sound in the background. Without even thinking about it, I suddenly decided, probably for the first time in my life, that I wanted to feel 'good' (as in great or wonderful). With this intention, my normally silent mind state moved up another major jump – my attention turned inwardly and I started listening to the silence inside myself. Unlike the Silent Mind state (see Volume 3), this state was actively pleasurable. I kept it for two or three days until it faded.

#### *The Being Truth state*

In Volume 1, I mentioned that there is a moment during birth when one is filled with the sensation of truth. This is not the feeling that something is true, but that one's body vividly and strongly radiates the sensation of truth itself. This experience was brought on by the presence of a beloved woman and maintained itself as long as she was near. All she had to do was be in my presence, and this sensation would be at full strength. Interestingly, I found myself also saying the truth, and in several instances saying truths that I didn't even know about myself until the words came out of my own mouth! A few years later, I met another woman who had the same effect on me, although to a lesser degree. After another few years, one of my clients encountered this experience while reliving her birth experience, allowing us to find the exact developmental moment.

At this time, I do not know whether this is supposed to be a peak state or a peak experience, i.e., is it supposed to be permanent or just a momentary sensation. I suspect it is supposed to be a state, but we don't yet know for certain.

The Canadian spiritual teacher John de Ruiter talks about 'being truth', but I don't know if this is the state that he is referring to or not.

#### *Primary Emotional states*

Frequently in my work on myself and with clients, we encounter states that cause the person to feel a fundamentally basic (or equivalently a 'primary') or

‘Platonic ideal’) emotion. The example that jumps to mind for me is that of joy. At this time, it looks like these primary emotions can be continuous states, but we’re still experimenting with them. It appears that these states are blocked by CoA developmental events traumas. Our Waisel Base Emotions Technique™ can be used to unblock them, by working with a particular kind of damage to the chakras located on the primary cell’s nuclear membrane.

### *Ecstatic (Celebratory) states*

These states are ones that Sufi mystics (such as the poet Rumi) focus on. These states are very important to this group of people, but as of this writing we haven’t isolated them, classified them, or found their causal developmental events.

### *Internal Awareness states*

My colleagues and I have the ability to move our awareness into and around cellular structures in our bodies, as well as in the bodies of others. At this time, we believe that this is simply an aspect of the OBE ability, but it may turn out to be a separate ability or state of its own. At least so far, it seems to arise as a normal part of our curriculum of peak states training, without any particular developmental events being healed. However, this may be simply because my colleagues at this level of their work have healed so much that they healed the relevant events simply by accident.

### *The Immunity state*

We have some preliminary data that strongly suggests that it is possible to have a state of consciousness that makes one immune to infection by any virus or bacteria. We continue to investigate.

### **Choosing State Names**

The names I have assigned to the states described in this chapter are preliminary and subject to change. As I wrote in Volume 1, rather than creating jargon, I’ve tried to make up names that are descriptive of the dominant characteristic of the state. Because the states in this chapter are still being investigated, we anticipate that some of the names will change if there turns out to be a more accurate way to describe the state – or if we discover that others have already have a label for them. This is doubtless going to cause some confusion in the future, but as this field is so new, this is (unfortunately) to be expected. To keep up to date on the latest information, go to our website at [www.peakstates.com](http://www.peakstates.com).

## **Suggested Reading and Websites**

### **Unusual spiritual states**

- Stanislav Grof, *The Adventure of Self-Discovery*, State University of New York Press, 1988.

- Stanislav Grof, *The Cosmic Game: Explorations of the Frontiers of Human Consciousness*, State University of New York Press, 1998.
- John de Ruiter, *Unveiling Reality*, Oasis Edmonton Publishing, 2000. He focuses on the 'truth' state.
- The Exceptional Human Experience Network, [www.ehe.org](http://www.ehe.org), or <http://www.well.com/user/bobby/ehe/EHE.html>. This is an excellent database on various mystical or unusual experiences that people have had. I'm sorry to report that the founder of this project, Rhea White, died in February 2007.
- Charles Tart, The Archives of Scientists' Transcendent Experiences (TASTE). It is an online journal devoted to transcendent experiences that scientists have reported. [www.issc-taste.org](http://www.issc-taste.org).

## **Section 5**

### **Commentary**

## A Shamanic Perspective on Peak States

By Wes Gietz

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In reading Volume I, and other chapters which are included in this volume, I am struck by the strongly exploratory nature of this work. This chapter will also contain some uncertainty, and with it some cautions, about my understanding of the relationship between a shamanic path and peak states work.

The shamanic path I follow includes the teachings of Tom Brown, Jr. as given to him by Stalking Wolf. He was a Lipan Apache who dedicated much of his life as a wanderer to finding the simple and essential truths in the shamanic paths he encountered across North America, up to Alaska and at least as far south as Central America. It also includes teachings of the Lakota people and the Ojibway, and some which seem universal ("core shamanism") rather than culturally specific. I am grateful to those who have kept these ways and to those who have been guided to share them with people who long ago lost their deep spiritual connection with the natural world.

- Wes Gietz

### Shamanic Pathways to Peak States

#### *1) Beauty Way, Inner Peace, and Other Peak States*

In the year 2000 I was new to this work. Grant and I presented a workshop together for the first time, and he referred to one peak state as the Beauty Way. I was intrigued by the term because it reminded me of the Native phrase, "to walk in beauty", associated with the Navajo people. When I asked him to explain the attributes of that state, he described something that for me was an almost-everyday way of being. Thus began an exploration of how those states known to the shamanic path that I follow correspond to the peak states that have been identified by the Institute for the Study of Peak States. This led in turn to a

comparison of the methods of attaining those states, their durability, their attributes or powers, and their impact on the lives of people who enter them.

At this point it is my personal experience that at least the Beauty Way and the Inner Peace state have close analogs in the shamanic tradition. This applies not only to the attributes of these states but also to their permanence.

Other shamanic states I have experienced that map well onto the ISPS states include the Hollow state and the experiences known as Gaia consciousness, the realm of the Sacred, and Spaciousness. On my shamanic path, all of these are accessed through intent and they are a process rather than being permanent. (I say “On my shamanic path” because there are those on this path who demonstrate permanent states and effortless abilities that I can only guess at, or have experienced only in flashes).

For me, access to these states and experiences is a result of learning and practice rather than a result of healing developmental trauma. However, the ISPS model suggests that these states are natural to our being (an idea in complete agreement with my teachings, which describe them as our birthright), and that we will attain them easily once those developmental traumas are healed. In this respect, the shamanic path and the ISPS approach are in agreement.

## *2) Regenerative Healing*

At one point in this work I did a session with Grant where we worked on my trauma-generated blocks to being continuously in the Regenerative Healing (RH) state. As we worked, I commented to him that the state he was endeavoring to help me reach by induction was not at all unfamiliar.

Our process was as follows: he went to the memory of the moment he healed his own broken arm using the RH state, then drew/guided me to that same memory and state he had been in. Using the Primary Cell Technique, I then looked for the traumas that blocked my access to that state and healed them. As I did so, I recognized that I was moving toward a state that I associate with a deep level of shamanic awareness and healing, including what ISPS calls Regenerative Healing. This ability is well known and documented among traditional Native healers, though the Lipan Apache lineage of Stalking Wolf, and subsequently Tom Brown, Jr., has a more conscious and structured understanding of it than any other tradition I know of. The experience I have of applying it is generally at a distance, and documentation is often not appropriate because of the Shamanic Law imperative that implies doing the work anonymously.

With training and experience I am able to move deliberately into a state that resembles strongly the RH State. The abilities associated with this healing state of consciousness are, as far as I can determine, the same as those of RH except that they are not limited to healing of physical trauma or illness, but are used for healing any disturbance to health in body, mind, and heart.

### **Bringing the Gifts Back to the People**

Shamanic practice contains a concept known in some cultures as the Red Road. This is the path of personal spiritual practice, healing, and service to one's own people. In its best form, it is a path of wonderful spiritual exploration and adventure, deep personal healing and introspection, joy, and love. It requires experiences of sacrifice, severe testing in all dimensions of being, and sometimes considerable physical or emotional pain. It includes ceremonies that require extreme levels of focus.

The purpose of this rigor is to produce the ability to communicate and work in the realms beyond the physical. It is understood that through the Vision Quest, the sweat lodge, the Sun Dance, or other ceremonies, participants will be given gifts of understanding, insights, tools, and techniques which are to be brought back to the people. "I suffer, that my people may live" is a well-known expression of the attitude and responsibility carried by participants in these ceremonies.

The time required to prepare for, experience, explore, and apply these gifts is measured in years, even decades. This time is considered necessary for the participant to attain some understanding of the power of the gifts, the potential hazards involved in their use, and the responsibility that comes with them. In traditional societies, and in well-conducted ceremonies of this nature today, participants are protected and guided by elders and more senior medicine people, before, during, and long after the experience.

One of my major concerns about this work is that it appears possible to put people into peak states when they are not ready. They have not experienced the kinds of tests, guidance, and maturing that are essential to becoming a competent shamanic practitioner.

### **Nature in Shamanism, and Gaia in Peak States**

In ISPS we have not yet discovered peak states that enable us easily to do what North American Native medicine people have done in historical times. Or maybe we have discovered the states, but haven't explored them enough to discover the abilities that parallel the shamanic abilities.

An area of concern for me is related to the means by which the shamanic states are accessed or internalized (for permanence). The shamanic path I follow is linked closely to the natural world, and the powers of the states are often attributed to spirit entities known as doctoring spirits, spirit guides, healing spirits, and so on. I know that my ability to attain these states and to remain in them is powerfully linked to the continuity and strength of my connection with the natural world. When I spend time in nature, whether sitting, wandering, or deliberately moving into and working in altered states of awareness, my connection with those shamanic states (or call them peak states) is much stronger, the states are clearer, and my ability to retain them or move into them is greatly enhanced.

I have also come to believe that the difficulty some people have with attaining peak states in ISPS workshops, or in experiencing the full benefit of

those states, is linked to their degree of detachment or alienation from the natural world. When I train people in the ways of the shamanic path, the ones who do best are those whose connection with the natural world is strongest. Many find that their inclination, even their need, to spend time in nature increases. Bringing this observation into the Peak States paradigm, I believe that a strong connection with Gaia is enhanced by a strong connection with the natural world. One person in particular comes to mind. Nancy is not to my knowledge what I affectionately call a bush bunny – someone who spends a lot of their time in wild nature – but she is well connected with Gaia. When I asked about her relationship with the natural world, she responded, “I’ve lived on the same property for 25 years and know every curve and shadow of the landscape. I maintain my little piece of paradise that I’ve carved out from my surroundings with an active and conscious stewardship. I follow the tracks and droppings of the creatures and their paths through my yard. I also regularly commune with animals, trees, and even rocks that strike my interest.” More directly, Nancy says that this nature connection “...is vital to my own work.” ,

### **Perceiving the Non-Physical**

One of the most frustrating and limiting factors in peak states work, especially for those who wish to use it for healing, is the inability to perceive clearly the non-physical phenomena that are the normal working indicators and tools of this work. North American mainstream society does worse than ignore these ways of knowing; it often actively discourages them. As Hank Wesselman says of people who have experiences beyond the physical, “Faced with possible social ridicule from their peers, most learn to keep their experiences and belief systems to themselves”.<sup>1</sup> (Further discussion of this topic is found in Chapter 19 of this book, ‘Benefits and Risks of Acquiring Extraordinary Spiritual and Shamanic States’).

Any shamanic path includes strong focus on perceiving clearly beyond the physical, and a large part of the training is devoted, implicitly or (less often) explicitly to developing this ability. In a society that denies or punishes perceptions of the non-physical, the training must begin at the basic level of changing the novice’s belief system. This is most effectively done by having the novice experience non-physical perceptions in a safe and gentle environment while enabling the logical mind to be comfortable with what is happening. This is accomplished in a number of ways, which are beyond this discussion.

When the novice’s belief system is accepting of phenomena beyond the physical (it is not necessary that a complete conversion occur; most of us deal with doubts on some level for years), the next steps involve practice with those phenomena until a good level of confidence is achieved. This has three aspects:

#### *1) Confidence in the validity of the perception.*

The novice needs to practice with his or her perceptions until it is easy to distinguish between a genuine non-physical perception, and imagination or the aftereffects of a heavy meal. The differences are sometimes unmistakable

because of the power of the perception, its significance, repetition, verifiability by a third party, or some other factor; at other times they are subtle and easy to dismiss. For each individual, the indicators of a real experience will be different – I worked for a time with a man who perceived auras through his sense of smell.

We call the continual practice with these techniques and development of more and more acute abilities “dirt time”. The term comes from the domain of tracking, a skill almost entirely undeveloped in mainstream society. It refers to the need to spend time in the dirt, looking at the ground, until your brain develops the neurological structures necessary to recognize the patterns and disturbance that indicate the presence of a track on hard ground or in moss or on your kitchen floor. The term can also refer to spiritual experience – in fact, we refer to this as “spiritual dirt time”, the practice time needed to develop the ability to perceive in the non-physical realm. As more dirt time is gained, confidence increases.

With regard to imagination, it is important to achieve a state where you genuinely do not care what you perceive. If you want to see flying platypuses, or if you think a soul piece should look like a piece of grey slate because someone else perceives it that way, those expectations may well interfere with your perceptions. This is well illustrated by how different cultures perceive spiritual entities. The entities may be the same ones, but individuals who see them perceive them as human or animal according to their own experience of the world and their expectations of the spiritual experience.

Having said that, I also believe that there are aspects of non-physical perception that can be common. An excellent example of this is found in *The Cosmic Serpent*, where Jeremy Narby<sup>2</sup> presents drawings made by Peruvian Indians of DNA and mitochondria seen while in the influence of ayahuasca. The shamans of this culture can predetermine the nature of the experience by adjusting the dose of the drug! .

### *2) Ability to interpret perceptions*

Many non-physical perceptions are very brief, while others are long-term or even fixed (at least for the duration of the journey). Some are accompanied by a feeling of importance or specific meaning, while others seem just to be part of the non-physical landscape. Here too, experience with the non-physical is the best teacher of how to distinguish important from trivial, meaningful from decorative.

### *3) Ability to deal with intense experience*

Some of what will be experienced in the non-physical realm is very intense, and can be frightening simply because of that. This is particularly so when the experience is unfamiliar. In addition, some of what is found there is very negative. When these aspects – intense, unfamiliar, and negative – occur together, the experience can be devastating. Learning to deal with this is an important part of the growth of the practitioner.

One of the abilities discussed above, that of detachment, applies here as well. When an experience is intense, unfamiliar, and negative, it can stimulate terror in the practitioner. (Other emotions are also possible, but the most dangerous for the practitioner is fear.) Two skills are necessary in dealing with this situation: the ability to detach one's self from the emotion, and the ability to protect oneself from being taken over by the situation.

Detaching one's self means feeling the emotions evoked by the situation, but setting those emotions aside so that you are still able to function. A useful distinction here can be stated as "Fear is when you're in control; terror is when the emotion is in control", or "Anger is when you're in control; rage is when the emotion is in control". In my experience, the ability to continue to work confidently and with full understanding that you can protect and extricate yourself from any intense situation, as though the emotion belongs to someone else, is the most advanced of these abilities. Practitioners who have developed this ability may leave others who have a penchant for drama with an impression that they are unfeeling or uncaring.

The ability to protect oneself includes knowing when to leave, i.e. when to end the meditative journey. It also includes the ability to fight back or to armor oneself against negative energies or entities; and it includes the wisdom to know when to ask for help. There are techniques for all of these in various shamanic traditions. In peak states work, as in other paths, this ability (in terms of where it will be needed and what might be encountered) can be learned partly from other practitioners who have encountered some of the potentially overwhelming power out there, but it must also be learned from experience.

## Cautions Regarding Peak States

### *1) Personal Healing*

A peak state can be a pretty cool place to be. The Beauty Way, for example, gives perceptions and detachment that feels wonderful. However, if you have been wounded by life and still carry the scars of that wounding to an extent that your life feels like a cow pie, being able to move into the Beauty Way is like putting whipped cream on the cow pie (credit to Grant for this image!). It's still a cow pie, and until you do your emotional healing work you won't be able to appreciate the whipped cream.

There are two positive aspects of the healing journey and the peak states work. First, the more complete your healing, the easier it seems to be to maintain, or to move into, peak states. Second, some peak states seem to make personal healing easier. It's a positively reinforcing spiral.

### *2) Conceptual Work and Learning*

The powers associated with peak states include abilities to do things – healing for the most part – that are beyond the ability of most people of the mainstream to grasp, let alone to do. Another kind of power associated with peak

states is the power to perceive the universe in ways that are much deeper than ordinary consciousness can access. Still another is the ability to communicate with beings or consciousnesses whose nature is so far different from ours that the communication itself, let alone its meaning for us, can be a wrenching experience.

The effects of these perceptions on the individual can be upsetting, to put it mildly. The reactions I have seen or experienced have ranged from delight and curiosity to extreme spiritual pain. The experience can be devastating if the individual does not have a conceptual framework for such experience. This is a case of too much power, not enough preparation.

I suggest two main stages of preparation for this work:

- First is the development of a personal familiarity with the realms beyond the physical. For me, this is called a spiritual path. This path needs to address the reality and validity of individual spiritual experience within a framework of consistent beliefs and understanding about the non-physical. In other words, find a spiritual path that works for you and explore it thoroughly – the strong and beautiful aspects and well as the weak and the ugly.
- The second stage is developing an understanding of, and experience with, the energies and powers in the non-physical realm that can directly influence the physical realm. Knowing how this connection works is essential to integrating the physical and the spiritual.

### 3) Shamanic Laws

As mentioned above, some peak states offer abilities that are unknown to most people in mainstream society. In the shamanic tradition I study, there are two laws governing use of the abilities that involve affecting the physical realm.

- Shamanic Law #1: it is not permitted to use these abilities in your own self-interest.

This means that it is not okay to use your power to acquire money, sexual favors, power over others, or in any way that is not in service to others. This includes using healing power for yourself or your own family. It also includes not being public with your abilities – and I suggest that this also applies to abilities acquired as a result of being in a peak state. One of my teachers said, “Anyone who says he’s a shaman, isn’t.” Another teacher said that when asked whether he’s a medicine man (shaman by a different word), the closest he would ever get to an affirmative response would be, “There are those who say that I am.” Note that this puts the right and responsibility to identify someone as a shaman with the community, not a publicist.

With sufficient experience, and having moved through the challenges and temptations that accompany developing these abilities, we eventually as individuals must make our own interpretations of Shamanic Law. For most of the people I know, there is a period of years during which they recognize and

pursue their own needs for personal healing and development. During this time, the tendency among the mature ones is to interpret these Laws in an even more restrictive fashion, to the point where they guard their anonymity very carefully and heal only people who are unknown to them personally. This may seem like a strange idea to those of us who have been raised in mainstream society, but it is fundamentally important on the path I have been taught.

- Shamanic Law #2: it is not permitted to use these abilities to help someone else without their permission.

Permission can be given in many ways. It may be explicit and verbal, it may be spiritual, or it may be felt as an irresistible imperative to act. I sometimes describe this as “being grabbed by the Creator”.

In my view, the ISPS has not yet explored these ideas sufficiently. I consider this to be an important and limiting gap in the peak states work of the ISPS.

### **Conclusion**

The work of the ISPS and the path of shamanism have much in common. Peak states work offers the advantages of rapid advancement into peak states, but at the same time it does not offer some of the safeguards that are implicit in a well-guided shamanic path. It is my hope that as the ISPS matures, this aspect will be given more attention. In the meantime, I encourage anyone interested in this work to obtain training in a path that provides safety, protection, and appropriate constraints.

## **Suggested Reading and Websites**

- Doug Boyd, *Mad Bear: Spirit, Healing, and the Sacred in the Life of a Native American Medicine Man*, Touchstone, 1994.
- Tom Brown, Jr., *The Journey: A Message of Hope and Harmony for Our Earth and Our Spirits*, Berkley, 1992.
- Tom Brown, Jr., *The Vision*, Berkley, 1991.
- Tom Brown, Jr., *The Quest, One Man's Search for Peace, Insight, and Healing in an Endangered World*, Berkley, 1991.
- Tom Brown, Jr., *Awakening Spirits*, Berkley, 1994. This is the first part of Tom’s training in shamanism.
- Joan Halifax, *Shamanic Voices: A Survey of Visionary Narratives*, Penguin Books, 1994.
- Martin Prechtel, *Secrets of the Talking Jaguar*, Tarcher, 1999.

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<sup>1</sup> Hank Wesselman, *Visionseeker*, Hay House, 2001, p. 44.

<sup>2</sup> Jeremy Narby, *The Cosmic Serpent*, Jeremy Tarcher/Putnam, 1998.

## **Section 6**

### **Appendices**

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### A Partial List of Safety Issues

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All of the material in this textbook should be considered potentially dangerous, because it is experimental and it has not yet been tested on large groups of people for unexpected adverse reactions. Below are specific situations that we do know to be potentially harmful or even deadly. This is *not* a complete list: we are constantly finding new safety hazards as our work progresses. Please check our website at [www.PeakStates.com](http://www.PeakStates.com) for the latest safety updates.

#### Dangerous or Deadly Developmental Events

Some developmental events have specific, unusual dangers when they are accessed. Note that anyone exploring in these developmental time zones runs the risk of accidentally triggering these momentary events. The most serious ones that we know of *as of this writing* are listed below in chronological order:

- Grandmother's nuclear core: Long lasting and severe state adjustment problems and spiritual emergencies can be triggered. These can disable normal function for extended periods of time.
- Grandmother's chakra: Severe and potentially life threatening secondary mechanisms in the present can be triggered, such as death trauma, psychosis and spiritual emergency. They can result in continuing physical symptoms, pain, mental disorders, and suicidal actions.
- Genesis cell: regression to this event triggered a fatal heart attack in a man who had a history of high blood pressure.
- Separation from the spiral stage for the body organelle brain (just before coalescence): reliving this trauma can trigger irreversible multiple sclerosis symptoms in some people (we estimate at between 0.1% and 10% of the general population, based on the known prevalence of MS.)
- Sphincter stage: passage through the sphincter in the barrier just before the coalescence area can trigger hell-realm experiences. These experiences can create long-lasting torment when left unhealed, and trigger suicide in the unprepared.

- Coalescence: we suspect that suicidal ideation and a desire for self-mutilation may be triggered in some people. ‘Death traumas’ can occur for any or all of the 14 precellular organelle merging events. In particular, placental coalescence can trigger biological injury in the primary cell in the present for some people.
- Body-placenta egg coalescence: we know that some people are at as yet an undefined risk if they access this developmental event.
- Conception: Accessing the sperm’s death trauma can stimulate suicidal feelings in some people.
- Implantation: Dismemberment trauma (and related death feelings) occur here.
- Birth contractions: Bipolar disorder (manic/depressive) can be activated in some people when accessing birth contraction trauma.
- Placental death, the cutting of the umbilical cord, cord wrapped around the fetal neck during birth: these events are known to trigger a need to commit suicide. This need doesn’t necessarily have any emotional content. This occurs in around 20% of the population.

### **Problems with Trauma Activation**

Because the material in this manual can easily activate major traumas in people, you need to know how to heal, and heal efficiently to be able to deal with this problem (and you need to have backup from more skilled people). Laypeople and many therapists do not have adequate trauma-healing training to know what to do when severe PTSD problems occur. These activated traumas can cause injury, harmful life decisions, or even lead to death by suicide if the symptoms last long enough.

Many methods can unintentionally activate severe traumas. Breathwork, spiritual practices, hallucinogenic drugs, and powerful psychological techniques are the most frequent triggers. They often activate prenatal trauma, usually causing severe emotional or physical symptoms. For many people the trauma does not fade when the session ends or the drug wears off. Instead, the person is left with continuous and permanent symptoms unless specific healing interventions are done.

### **Problems with Secondary Activation**

Some traumas can activate problems in the present that are not symptoms from the past trauma. Once activated, healing the initiating trauma will *not* end the problem (in the same way that releasing a trigger won’t make the bullet go back into the gun). Volume 3 goes into these mechanisms in depth.

### **Problems with Acquiring Peak States, Abilities, or Experiences**

Some peak states can very disruptive (temporary loss of coordination, dizziness, etc.) and take significant time to adjust to. For this reason, these techniques need to be only used in an environment where this can be taken care

of. Often the person involved does not understand what is happening, becomes fearful and seeks out medical treatment inappropriately.

Spiritual emergencies can also be triggered by these approaches. These experiences or states can be overwhelming, leading to suicide or injury to the person involved.

Acquiring peak states can disrupt family, social and work patterns as one's interests may suddenly shift. More seriously, a significant number of members of the general population react with continuous, unreasoning hostility and anger when they discover that someone either has a peak state or has just acquired a peak state.

### **Problems with Specific States**

The peak state of Creator Awareness usually causes an over-identification with the Creator that makes people feel that everything is all right the way it is, even if it obviously is not. This problem of passivity can be eliminated, but only if it is recognized and addressed.

The God/Goddess state can cause serious problems in some people when done only partially. This can range from fanaticism to experiences of evil gods and goddesses like Kali.

### **The Problem of Evil**

Terrifying sensations of evil can occur at any time when using powerful therapies or spiritual practices. See Chapter 15 for more details.

A hell-realm experience can happen when trauma around passage through the sphincter (just before coalescence) is triggered. Healing this trauma eliminates the hell-realm experience.

### **Risks with Remote Healing**

Any technique that can be done by surrogate means or at a distance (such as EFT, DPR, PCT, aWHH) has additional risks for clients beyond the risks of the technique itself, if it is used when clients are not physically present. The action of the therapy might cause them dizziness or disorientation, and potentially cause them to lose control if they are driving or working with machinery at the time of the intervention, or feel that their health is at risk due to unexpected or bizarre symptoms. Always use these techniques in the presence of the client, so they can inform you if they feel anything is going wrong.

### **'Time Jumping' Causes a Type of Depression**

Time jumping – the action of rapidly going back and forth between a specific moment in the past and the present – will trigger a permanent, emotionally depressed state in most people. It can be healed, but this requires trained therapists who know how to diagnose and deal with the problem.

### **Dangers of the Primary Cell State**

Interventions in the Primary Cell can cause injury or death.

**Dangers of Using Peak State Processes with Mentally Ill People**

We do not recommend any peak states work with mentally ill people. In general, it does not make them well, but rather gives them more ability to act out their problems in the world. Their illnesses need to be addressed directly (see Volume 3 for more on this topic.)

**Hallucinogens Can Trigger Serious, Permanent Problems**

Over the years we've seen many clients who, in their search for entertainment, answers to fundamental questions about existence, or peak states have used hallucinogenic drugs and accidentally activated prenatal traumas or other primary cell problems. These problems continued even after the drug wore off – we've seen clients who have had them continuously for over twenty years. Brain shutdown states, pain, crippling, multiple sclerosis, and a huge variety of trauma-related symptoms are just some examples. Active intervention by knowledgeable therapists is required, but is not always successful given the limitations in the current state of the art in this area.

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### A Checklist of Triune Brains and Their Characteristics

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#### Crown (Buddha)

- Location: top of head or slightly above
- Organelle: cell membrane
- Source: Egg and sperm (paired brain)
- Purpose: spiritual understanding and making connections to spiritual realms; and creating structures in the primary cell
- Chakra: crown (*sahasrara*)

#### Mind

- Location: the head
- Organelle: nuclear membrane
- Source: Egg and sperm (paired brain)
- Purpose: understanding
- Core dilemma: it cannot ever understand everything
- Contributes: the ability to make judgments
- Chakra: third eye (*ajna*)
- Gene dysfunction: storage of repeating sounds, played back in the mind

#### Third Eye (Forehead)

- Location: in the center of the forehead
- Organelle: lysosome
- Source: Sperm (singleton brain, ‘male’)
- Chakra: root (*muladhara*)
- Gene dysfunction: generational trauma

#### Spine (Sperm Tail)

- Location: the upper spine
- Organelle: endosome
- Source: Sperm (singleton brain, ‘male’)
- Purpose: movement of energy
- Chakra: throat (*vishuddha*)

## Heart

- Location: the chest
- Organelle: ribosomes (and RNA) and smooth endoplasmic reticulum
- Source: Egg and sperm (paired brain)
- Purpose: connection
- Core dilemma: wanting to connect and yet never being able to physically do so
- Contributes: it is the basis for empathy; without it, one becomes psychopathic and experiences others as objects
- Chakra: heart (*anahata*)
- Gene dysfunction: storage of traumatic memories

## Solar Plexus

- Location: the solar plexus area
- Organelle: mitochondria
- Source: Egg and sperm (paired brain)
- Purpose: power in movement (with a territorial flavor)
- Chakra: solar plexus (*manipura*)
- Gene dysfunction: vortex

## Navel (Placenta)

- Location: primarily at the navel area and front of body, secondarily at the skin, liver
- Organelle: golgi apparatus
- Source: Egg (singleton brain, ‘female’)
- Purpose: to protect the entire body, and in the adult, procreation
- Chakra: throat (*vishuddha*)

## Body

- Location: lower belly
- Organelle: rough endoplasmic reticulum and cytoplasm
- Source: Egg and sperm (paired brain)
- Purpose: survival
- Core dilemma: wanting to live and knowing it will die
- Contributes: the sensation of time passing
- Chakra: sacral (*swadhisthana*)
- Gene dysfunction: Body associations

## Perineum

- Location: the lower pelvis and genital area
- Organelle: peroxisome
- Source: Egg (singleton brain, ‘female’)
- Purpose: procreation
- Chakra: root (*muladhara*)
- Gene dysfunction: Generational trauma

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### A Partial Index of Peak States and their Probabilities of Occurrence

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#### Grouping the States

Peak states fall into groups. Each state in a given group expresses an aspect of a single underlying, fundamental and unique experiential phenomenon. Most groups involve different ‘realms’ of existence. The states are not listed here in a developmental order – most of these states can be acquired independently of each other. The groups that we’ve identified so far are:

- Triune brain dysfunctional states
- Triune brain fusion states
- Sensate substitute states
- States involving Gaia (the planetary consciousness)
- Species Consciousness states
- Realm of the Sacred states
- States involving the Void
- States involving the Creator
- Oversoul (past life) states
- Chakra-related states
- States involving the primary cells
- Miscellaneous states

Triune brain states are covered in Volume 1. These states have a major impact on quality of life and are considered very desirable in the Western paradigm. Spiritual and shamanic states are covered in this volume. These states are generally unrecognized or considered to be fantasy by the secular Western culture. Sensate substitute states are covered in Volume 3.

#### Naming Conventions

Most of the peak states listed in these volumes cannot be identified in the traditional spiritual literature, although a few are recognized as distinct states. Of

these few, most have obscure names that are unknown to the general English-speaking public. Thus, in labeling states we used the following conventions:

- The names of most states are short descriptions of the state's most noticeable sensation or characteristic. Some states have different characteristics for men and women, and in that case we arbitrarily chose the male version, as for example with the Underlying Happiness state.
- If the state already has a well-known name (i.e., the Beauty Way), we've used it. However, if a well-known name caused confusion to the general public, we chose to label the state with an unambiguous name and noted the traditional name in the text. In cases where we weren't sure of what state the conventional name was trying to identify, we chose to use our own unambiguous state name.
- When describing a state that is a combination of two component states, we simply combine the names of the component states, with the triune brain state name listed first (if applicable) and call it a combination state. If a combination state already had a well-known name we used it.
- Some states, when combined, give qualities that neither alone possesses. In this case we call it a synergistic state. For example, the Beauty Way is a synergistic state that already has a well-known name, and that has a quality of 'aliveness' that the separate states do not.

### **Estimates of Occurrence**

In the short descriptive list of peak states below we've included some estimates of the probability of their occurrence in the general population. They are based on evaluations of our North American students. Unfortunately, these estimates may be wildly inaccurate due to measurement problems and tiny sample sizes, but we included them as a starting place to give people a feel for the relative rarity.

Making these estimates is difficult for a number of reasons (see Chapter 23):

- Have we correctly and fully identifying the core characteristics for each state?
- Have we correctly determined whether a person has any degree of a given state or not – and if so, how much? This is the biggest source of potential error in these estimates. For example, many people have never felt a given state characteristic, but don't realize this. Instead, they assume the words refer to something that they do know.
- Where is the cutoff point for people who are only partially in a state, and how would it be determined?
- Do we include people who fall in and out of the state (i.e. variations in the state's stability), and if so what average percentage of the time would they have to be in the state to be included? How would this be determined?
- How do we make externally verifiable and repeatable measurements that independent investigators can agree on?

## **Latest Updates**

The Institute maintains an updated list of peak states at our [www.PeakStates.com](http://www.PeakStates.com) website.

## **Dysfunctional States Involving the Triune Brain System (Volumes 1, 3)**

### ***Brain Shutdown States:***

These dysfunctional states exist because the triune brains can be ‘shut off’, causing the person to lose that brain’s abilities (judgment, emotional connection, etc.). Interestingly, shutdown states often feel better than average consciousness to some people if they can tolerate the loss of capabilities involved. Brain shutdown can be partial, with a corresponding partial loss of capabilities. All possible combinations of brain shutdown states exist; we just list the ones that we’ve had personal experience with.

Contrary to our standard practice, we currently choose to call these states by their cause, rather than by their dominant characteristic. We do this to avoid confusing shutdown states with simple, ordinary trauma symptoms that cause a similar effect.

We’ve seen a number of people with brain shutdown states caused by the use of hallucinogens. Prenatal traumas are triggered during the use of the drug, and once activated, the problem remains after the drug wears off. This can be healed, but it takes active intervention by knowledgeable therapists.

### **Heart Shutdown state**

- Characteristics: An inability to feel emotions. One feels as if other people are just objects. It feels more peaceful than average consciousness, because there are no emotional conflicts.
- Cause: The heart brain is shut off.
- Comments: Probably a major cause of sociopathic/ psychopathic/ antisocial personality disorder behavior. However, we have seen people with this problem who act ethically and morally in spite of this handicap.
- Frequency: Not yet determined. However, an estimate can be made based on the number of psychopathic individuals in the general population (approximately 1%).

### **Mind-Heart Shutdown state**

- Characteristics: No ability to feel emotions or form judgments or make choices. The body feels like it’s made of air, without a boundary. However, the lower belly feels ‘full’ like after eating a large meal.
- Cause: The mind and heart brains are turned ‘off’.
- Comments: May also be known as the ‘Pearl Beyond Price’ state in the Sufi tradition.
- Frequency: Unknown.

### **Mind Shutdown state**

- Characteristics: Inability to form judgments or make choices. There is a peace and calmness with the state, despite the frustration of not being able to weigh choices.
- Cause: The mind brain is turned off.
- Comments: No common name that we know of.
- Frequency: Unknown.

### **Samadhi (Heart-body Shutdown) state**

- Characteristics: An overwhelming feeling of peace, timelessness, and almost no need for oxygen or breathing (with full shutdown).
- Cause: The heart and body brains are turned off.
- Comments: This state is the goal of some spiritual traditions.
- Frequency: The full state is extremely rare.

## **Peak States Involving Triune Brain Fusion (Volume 1)**

### **Average Consciousness state**

- Characteristics: This state is everyday consciousness for most people. There is some degree of relatively continuous albeit variable emotional reactivity, and a subconscious underlying fear. People in this state are strongly affected by others' emotions.
- Cause: The triune brains' awarenesses are not merged or fused.
- Comments: By definition, these people do not have any significant peak states. Their triune brains mostly get along, but do act like a dysfunctional family.
- Frequency: Very common.

### **Big Sky state**

- Characteristics: The world feels huge. When you look at the sky, it feels gigantic. Your boundaries disappear, especially above your head.
- Cause: Body, mind and Buddha brains fused together. The sensation of the 'huge sky' is from a body sensation of the relative distance between objects and one's body.
- Comments: I'm not sure if I've accurately analyzed this state. Treat it as possibly being due to a non-triune brain phenomenon. More work needs to be done on it.
- Frequency: Not yet determined.

### **Deep Peace state**

- Characteristics: A more deeply peaceful feeling than with the Beauty Way state. A feeling of being balanced, of evenness, of lack of irritation. The physical heart feels lower in the body, and the body feels

more lightweight. Life is not effortless, but there is less effort than in average consciousness. The body does not feel hollow.

- Cause: Brains' awarenesses are superimposed, but not completely fused.
- Comments: This is an intermediate triune brain fusion state that occurs just before the Hollow state.
- Frequency: Not yet determined.

### Hearing the Brains state/ability

- Characteristics: The ability to 'hear' the brains communicating with you and with each other. The brains typically interact like a dysfunctional family. No other particular sensations.
- Cause: The heart brain acts as an interface between the brains and the conscious self.
- Comments: An extremely useful state for healing. In a Perry diagram, the circles all touch slightly. The Silent Mind state is necessary to allow most people to differentiate between mind chatter and brain communications. This state was formerly called Brains Communicate in Volume I (1<sup>st</sup> edition).
- Frequency: Estimated 12% relatively continuously, an additional 23% recognize it.

### Hollow state

- Characteristics: Body feels hollow (or like air) inside the skin. All parts of the body feel 'continuous'. Emotions have a cognitive rather than affective quality.
- Cause: All brains are fused together.
- Comments: When the state is partial, just some areas of the body feel hollow. This state does not depend on the degree of chakra merging.
- Frequency: Estimated 7% relatively continuously, an additional 12% recognize it.
- **Warning:** *Acquiring full fusion of the brains can trigger death and dismemberment trauma.*

### Inner Peace state

- Characteristics: A continuous feeling of peace even while feeling other, even painful emotions. Past traumas no longer have any charge associated with them. As soon as the present circumstances change, the emotional reactivity stops.
- Cause: Can be acquired if the mind and heart brains fused together, or by healing the trauma that causes 'anchors' to form in stuck nuclear pore messenger RNA trauma strings.
- Comments: A subset of the Beauty Way state.
- Frequency: Not yet determined, but probably in the 5% to 10% range.
- **Warning:** *Attempting to acquire full mind-heart fusion can trigger a death and dismemberment trauma experience.*

### Underlying Happiness state

- Characteristics: A feeling of happiness underlies all other feelings. It exists simultaneously even with difficult feelings such as sadness or anger. In women, a continuous loving feeling is more dominant, although the happiness is still present.
- Cause: The heart and body brains are fused together.
- Comments: This doesn't stop the past from feeling emotionally traumatic.
- Frequency: Estimated 9% relatively continuously, additional 12% recognize it.
- **Warning:** *Attempting to acquire full heart-body fusion can trigger a death and dismemberment trauma experience.*

### Wholeness state

- Characteristics: The word 'wholeness' is used spontaneously by people who acquire this state. There is a feeling of being complete, with nothing missing. Music is especially vivid.
- Cause: A fusion of the placental and sperm tail awarenesses with the other triune brains.
- Comments: The sensation of wholeness can exist independently of the state of fusion of the other brains.
- Frequency: Not yet determined, but probably less than 6%.
- **Danger:** *This state is blocked by traumas that, when triggered, can cause some people to attempt suicide.*

## Peak States Involving 'Sensate Substitutes' (Volume 3)

### No-Skin state

- Characteristics: No sensation of having a skin boundary. Events in general don't cause one to lose perspective, and events no longer feel personal, at least at first. This state is generally found with the Hollow state, so that the body feels like it's just made of air where the boundary has vanished.
- Cause: This state is the result of removing a dysfunctional primary cell layer.
- Comments: The skin boundary layer can become very permeable in part or completely, which can feel like it has been removed when it really has not been. The skin boundary gives a slight burning sensation that becomes noticeable when a person is in the Hollow state. Eliminating the layer removes the sensation that events are 'personal'.
- Frequency: Not yet determined.

### Silent Mind state

- Characteristics: All involuntary mind chatter ceases. (Involuntary mind chatter is often particularly noticeable during meditation.) It is still possible to subvocalize.
- Cause: Eliminating a certain type of extremely common fetal traumas gives the state.
- Comments: This isn't actually a peak state, but rather the absence of a trauma-related problem – but it feels like a peak state to the person who has it. Most people can suppress their awareness of the chatter to some degree, like ignoring other conversations in a bar. Real peak states like the Beauty Way or Inner Peace temporarily shut off the involuntary mind chatter – but if one leaves those states, the mind chatter returns. In our trainings, Silent Mind is a prerequisite for other states such as Hearing the Brains and remote healing techniques such as aWHH.
- Frequency: Extremely rare. Everyone we've checked has had the underlying problem.

## Peak States Involving Gaia

### Being Other Lifeforms ability/state

- Characteristics: A person can experience himself as other beings, such as animals, plants, or even rocks. One experiences senses and bodily processes as the animal does.
- Cause: The state is gained at birth.
- Comments: This state is called 'shapeshifting' in shamanic literature.
- Frequency: Very rare.
- **Danger:** *This ability must be acquired under competent supervision because of the risk of overwhelming suicidal feelings (or an emotionless desire to die) becoming activated and acted upon.*

### Gaia Communication ability/state

- Characteristics: An ability to communicate with Gaia, via one or more senses (body sensation, feeling, vision, or hearing). At its best, it is a clear transmission of information at every level (to each triune brain). Gaia can be 'heard' in what seems like words in a particular syntax called Gaia commands (or equivalently, Gaia instructions, phrases, or messages).
- Cause: Full Gaia connection is a natural state. This connection is blocked by developmental event traumas, resulting in an unwillingness to hear (or obey) Gaia.
- Comments: A partial state gives rise to an intuitive knowing of what one is supposed to do. We believe Tom Brown, Jr. calls this state 'Inner Vision' – we changed the name because Gaia can be 'heard' as well as send images, and so call Inner Vision a subset of this state.

- Frequency: Very rare for the full state – the partial state of ‘intuition’ is common.

#### God/Goddess state

- Characteristics: One (temporarily) experiences oneself as a non-human god or goddess.
- Cause: Not yet determined.
- Comments: The triune brains can chose to make this connection to the god/goddess state individually. When all triune brains connect, you can experience yourself as the Creative Principle itself, or equivalently ‘Brahma, creator of worlds’. We’re still investigating if this state should be permanent or not. The state was called the ‘Creative Principle’ state in the first edition of Volume 1.
- Frequency: Very rare.
- Warning: *Potentially serious problems can result if only some brains make the transition. For example, extreme fanaticism, experiences of ‘dark gods’ such as Kali, etc.*

#### Gratitude state

- Characteristics: A sensation of gratitude at all times. This enhances one’s Gaia connection and other peak states. It also increases the ability to manifest in positive ways.
- Cause: Not yet determined.
- Comments: This is the state that Aldana’s 15-Minute Miracle process is designed to help people access. Useful for healing and for acquiring other states.
- Frequency: Not determined, but found occasionally in many people. It is rarely found as a stable, full strength state.

#### Regenerative Healing state

- Characteristic: Gives one the ability to heal virtually any physical injury or degeneration in just minutes.
- Cause: It is a natural ability. The blocks have not yet been determined.
- Comments: This ability comes from a strong Gaia connection. We formerly called it ‘radical physical healing’.
- Frequency: Very rare. It is almost always momentary in the few people who can access it.

#### World Inside Body state

- Characteristics: Objects in the environment feel like they are inside one’s own body. The state is also characterized by greatly enhanced creativity.
- Cause: Birth trauma is a common block.
- Comments: We formerly called it the ‘Unbounded Awareness’ state (in the first edition of Volume 1).

- Frequency: Very rare.

### **Peak States Involving the Species Consciousness**

#### **Inner Harmony state**

- Characteristics: One's flesh radiates a sensation of harmony. At a deeper level, one can see a golden web that is trying to perfect itself.
- Cause: Not yet determined.
- Comments: This is probably a connection to the human genome.
- Frequency: Not yet determined.

### **Peak States Involving the Realm of the Sacred**

#### **Sacred Beings state**

- Characteristics: The full state makes one feel like a huge totem pole is inside one's body. Each brain is the physical expression of huge, sacred beings that look like totem pole figures. The sacred beings co-exist in the realm of the Sacred, an empty space filled with luminous blackness.
- Cause: The state is blocked by early precellular events. It is regained when the triune brains let go of their 'pretend identities'.
- Comments: The state could also be described with the words 'sacred totem self'. It is possible that the state is also called the Akashic Records in the yogic tradition. The locations of the Sacred Beings in the realm of the Sacred correspond to the locations of the triune brain awarenesses.
- Frequency: Very rare.
- **Warning:** *This radical state will initially cause disorientation and difficulty in walking. People who unknowingly acquire the state usually think they've become psychotic.*

#### **Sacred Beings and Creator Light synergistic state**

- Characteristics: The body feels sacred, one can see oneself looking as if composed of totem pole images, and space inside is a bright fluorescent black.
- Cause: Same as individual states.
- Comments: The blackness is a partial view into the realm of the Sacred. This synergistic combination of states changes the clear white light of the Creator Light state into a bright black fluorescence.
- Frequency: Extremely rare.

#### **Sacred Body state**

- Characteristics: Part or all of the body radiates a feeling of sacredness.

- Cause: A partial connection to the realm of the Sacred. It can be lost at coalescence or conception.
- Comments: The Sacred Beings state usually includes this state, but the two can be separated.
- Frequency: Not yet determined, possibly around 3%.

## **Peak States Involving the Void**

### **Void Connection state**

- Characteristics: A sense that the ultimate emptiness of the Void, which is past all physical existence, is within oneself, accompanied by a feeling of finally knowing who you are.
- Comments: The Void may be called the Infinite or the Tao in other traditions, but the word ‘void’ fits experientially. The Void contributes to a person’s conscious awareness in a way that is similar to that of the Creator.
- Frequency: Very rare.

## **Peak States Involving the Creator**

### **Being on Track state**

- Characteristics: The state gives a strong feeling of euphoria (not manic). The feeling one gets when at one’s best, and the sense that nothing can go wrong. A sense of knowing who you are, and of knowing if your activities match and fit who you are.
- Cause: This feeling occurs when the person is on their optimal life path.
- Comments: Currently, we use the Seeing the Life Path ability to find relevant traumas to heal so that we stay on the optimal life path. Thus, using this approach means that the state is unstable – we need to continually heal relevant traumas to stay on the optimal path. However, it is likely that there is a way to make the state stable. The Self Neutralization state making this state unnecessary because it stops the future from being fixed by trauma and so eliminates all life paths.
- Frequency: Not yet determined.

### **Being Present state**

- Characteristics: Always in-body. Attention is directed both inwardly and outwardly simultaneously. Past traumas have little or no physical pain when re-experienced.
- Cause: Blocked in a Creator bubble developmental stage.
- Comments: This state can be identified in the primary cell – the trauma strings appear white instead of black. This state can be experienced on a

- per brain basis. It is sometimes associated with the ‘wide-angle vision’ ability.
- Frequency: Not yet determined.

### Brain Light state

- Characteristics: In the full state, one finds it impossible to feel negatively aggressive towards others. A diffuse, soft clear light that looks like sunshine is present in the body in the locations of the triune brains’ awarenesses. One also ‘sees’ an inner radiance that is centered in other people’s lower belly, and automatically interacts and communicates with it.
- Cause: This is the light that individual triune brains have when they have chosen good over evil. Creator separation traumas block this state.
- Comments: For most people the brightness of the triune brain awarenesses varies from moment to moment due to subconscious choices between good or evil, but each brain’s nominal value is set at birth. With the full state the brains remain at full brightness and choices for evil become impossible. This is a required state for ISPS therapists.
- Frequency: Not yet determined.

### Creator Awareness state

- Characteristics: One can ‘speak’ to the Creator directly and move awareness to that level of being at will. The state is characterized by a sensation of standing in a plane of white light with feelings of bliss.
- Cause: Full connection to the Creator.
- Comments: A more complete version of the Creator Light state.
- Frequency: Very rare.
- Warning:** *Over-identification with the Creator can occur, leaving the person with the feeling that everything is as it should be, so they don’t feel any need to try to help suffering people. This serious problem needs to be directly addressed or it persists.*

### Creator Light state

- Characteristics: An internal light that can in some cases extend past the skin boundary. It has more of an intense white color to it, not a broad-spectrum light like sunlight. It can be accompanied by feelings of bliss and perceptions of either a tube leading upward, or of standing in a column of light. This state allows people to regress at will. When the state is partial, the light is seen by looking into one’s own CoA.
- Cause: A limited connection to the Creator.
- Comments: People describe this ‘light’ as being intense or charged with energy. It often feels like it comes from above. The state can be used to regress as in the ‘life review’ of the near-death experience. It comes in varying brightness – the full state is extremely bright. When

experienced with the Sacred Beings or Sacred Body states the light looks a bright fluorescent black rather than white.

- Frequency: Not yet determined.

#### Expanded Center of Awareness state

- Characteristics: The center of awareness (CoA), that is the location where one feels he is located inside his body, expands to fill the body and the space around it. There is a sensation of becoming very large and tall.
- Cause: The shape and location of the CoA is determined by very early precellular trauma.
- Frequency: Not yet determined.
- Caution: *When acquired suddenly, this state is disorienting because one becomes the environment around oneself, including the roads and the cars outside. Walking is difficult for a time, until one gets used to the state.*

#### Joy state

- Characteristics: A continuous feeling of joy.
- Cause: Blocked by trauma in the CoA development.
- Frequency: Not yet determined.

### Peak States Involving the Oversoul

#### Loving-Kindness state

- Characteristics: Intense sensations of love, kindness, and wisdom. It feels like what one would imagine Jesus must have felt. There is often the sensation of the presence of other deceased spiritual teachers.
- Cause: Not yet determined. We suspect it is a Creator or oversoul state.
- Comments: It feels a lot like you *are* love, not just feeling love. Previously called the “Christ Consciousness” state in the first edition of Volume I.
- Frequency: Not yet determined

#### Past Life Access state

- Characteristics: With a full state, all past and future lifetimes fuse into one, simultaneous, single awareness.
- Cause: The ability/state is blocked by oversoul trauma.
- Comments: Accessing past life traumas involves the use of a different mechanism that is probably unrelated to this state.
- Frequency: Not yet determined.

## States Involving the Chakras

### Flow Awareness state

- Characteristics: A feeling of having energy flow from the back to the front of the body, as if coming from moving air from behind.
- Cause: Fusion of all chakras into a disk near the solar plexus.
- Comments: People in average consciousness experience this state slightly differently than people in the Hollow state do.
- Frequency: Not yet determined.

### Minimal Sleep state

- Characteristics: The person only needs about 3 hours of sleep to feel completely rested.
- Cause: Chakras and meridians are optimally connected.
- Frequency: Not yet determined.
- **Warning:** *There is a risk of becoming unable to remain awake, or so energized as to become unable to stop moving, if these developmental events are healed incorrectly.*

## Peak States Involving the Primary Cells

### Being the Body state

- Characteristics: The conscious and the subconscious merge into one fused awareness
- Cause: Perfect linkage between the nucleolus and the organelles in the primary cell.
- Comments: This state is sometimes described as being the female or male archetype.
- Frequency: Not yet determined.

### Essence of Self state

- Characteristics: The person feels more solid, centered, and doesn't 'fall apart' when under stress.
- Cause: Total fusion of the chromosomes in the nucleolus.
- Comments: This state is the absence of the parental directing selves and of Multiple Personality Disorder (MPD). We may rename this state in the future if we can identify a more distinct common experiential attribute. We require our advanced therapists have this state.
- Frequency: Roughly 70% of people have MPD to some degree. Virtually everyone has some degree of separate father and mother directing selves.

### Primary Cell state

- Characteristics: Ability to ‘see’ and move around and vary perspective inside the primary cell.
- Cause: Not yet determined.
- Comments: It is necessary to have the Spaciousness state before one can get the Primary Cell state.
- Frequency: About 20% of the general population is able to access the state, although some of these people cannot ‘see’ into the cell. Having a stable and continuous state is much more uncommon.
- **Danger:** *It is possible to harm or kill oneself by trying to change things in the primary cell.*

### Self Neutralization state

- Characteristics: One’s future is no longer fixed by past traumas.
- Cause: Proper functioning of the mitochondria in the primary cell.
- Comments: We believe this state is found in some Tibetan Buddhists. We may change the state name in the future if we identify a distinctive common experiential attribute.
- Frequency: Extremely rare.
- **Warning:** *This state requires at least 60% of the Brain Light state to avoid behavioral problems.*

### Spaciousness state

- Characteristics: A pronounced feeling of space and openness through and around oneself, regardless of emotional or physical crowding, along with a lack of emotional reactivity.
- Cause: This state is probably acquired at a Creator developmental event.
- Comments: This state is a necessary prerequisite for the Primary Cell state.
- Frequency: The state can be temporarily accessed at will by about 20% to 30% of the general population. The state is stable in a smaller but undetermined percentage.
- **Caution:** *People who suddenly acquire this state are often felt as emotionally distant by their loved ones, causing interpersonal stress.*

## Miscellaneous States

### The Beauty Way (also called Walking in Beauty) synergistic state

- Characteristics:
  - Calm, peacefulness, and physical sense of lightness.
  - Past seems not traumatic; memories are without emotions.
  - One has a feeling of being totally alive, and everything around you feels alive too.
  - Everything has a sort of beauty, even garbage.

- Spiritual truths are obvious.
- No dreaming other than replays of the day's events.
- No underlying sense of fear.
- Living entirely in the present.
- No tension – like on summer vacation as a child.
- Bird sounds are more vivid.
- Stay unaffected by other people's emotional distress.
- Follows one's own knowing rather than obeying 'experts'.
- Can do many shamanic sorts of things with training.
- Silent mind, i.e. no voices or background murmur.
- Cause: This state is correlated with an absence of the tribal block mechanism. It also has a combination of the Inner Peace state with a limited connection to the Creator. It creates an unconscious decision to make perceptions continuously positive. The component states interact synergistically to create new characteristics.
- Comments: An important state for shamanism, and physical and mental health. A better descriptor for the state might be the word 'Aliveness' as used by Harville Hendrix, but we're choosing the better-known label of the Beauty Way for now. The state is well described in Eckhart Tolle's *The Power of Now*.
- Frequency: We estimate that people who are relatively continuously in either this state or the Inner Peace state total 8% of the general population, with an additional 14% who can recognize the Beauty Way state.

#### Being Truth state

- Characteristics: The flesh of the body radiates a sensation of truth.
- Cause: Acquired just after birth and the first breath.
- Comments: This sensation is important for full entry into the Void Connection state. It is also useful in interpersonal interactions. The spiritual teacher John de Ruiter emphasizes this state. This is probably a state, but it may actually be a peak experience that can have extended duration.
- Frequency: Not yet determined.
- Danger: *This birth event for acquiring this state can trigger extreme feelings of suicide and cause suicidal actions in some people.*

#### Ecstatic state

- Characteristics: Feels like a continuous endorphin rush.
- Cause: Unknown at this time.
- Comments: This appears to be what the Sufi teacher Rumi was referring to.
- Frequency: Estimated 1.5% relatively continuously, 3% enough to notice it.

### **Inner Gold state**

- Characteristics: The interior of the body turns a deep bright golden color to inner vision. If the brains fuse, the resulting ball has a golden color.
- Cause: Unknown at this time.
- Comments: We're not sure what this is for, but the alchemists clearly thought it was important. People doing extensive inner development achieve this eventually.
- Frequency: Not yet determined.

### **Listening to Silence state**

- Characteristics: A deep inner silence even when internal or external noise is present.
- Cause: Undetermined at this time.
- Comments: An extremely pleasurable state sometimes encountered in long meditation. Not related to the Silent Mind state.
- Frequency: Not yet determined.

### **Wolf Awareness state**

- Characteristics: Greatly enhanced awareness of all senses.
- Cause: Not yet determined. Blocked by traumas.
- Comments: This is a traditional shamanic state/ability practiced by Native North American people.
- Frequency: Not yet determined, but relatively common with training.

### **A Note on Peak States Involving Internal Light (Inner Brightness States)**

There are two states listed in this Appendix that involve an experience of light inside (and outside) the body – the Creator Light state, and the Brain Light state (and it is possible that there are others). We give this group of states the overall label of ‘Inner Brightness’ states, although they are not functionally related.

Getting people with only one type of inner light to identify which one they have is difficult, as the verbal descriptions can be hard to apply to the inner experience. Also, people in the Sacred Body or Sacred Beings state don’t always realize they have an inner light state because their interior appears fluorescent black to them. Thus, to help us diagnose which states a person has, we start by asking if they experience themselves as being ‘bright inside’, or as having ‘inner light’. Then we can ask more questions to identify the particular light state they have. The word ‘brightness’ captures both the quality of a ‘bright dark’ and the more typical inner light experience, and so we often call it this when trying to identify these states in people. (The ability to regress anywhere in time at will is another distinguishing feature.)

Confusingly, our Whole-Hearted Healing therapy also uses the word ‘light’ or ‘lightness’. We use it to describe one of the endpoints to trauma healing, where the client feels like a weight has been removed from his body. However, when using WHH on prenatal traumas, another endpoint to the healing has to

occur – an experience of internal light in the fetus, sperm, egg, or precellular brain. To avoid confusion, we try to use the word ‘brightness’ when talking about the inner light experiences and lightness when we are talking about the sensation of losing heaviness from one’s body. We hope this clarification helps reduce some confusion.

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### A Partial Index of Peak Abilities

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Some peak abilities are listed here for reference purposes. Volume 3 covers this topic in depth.

At this point in our work, we've identified what appear to be two categories of peak abilities. The first type exists independently of any peak state. In these cases, a person does an unconscious regression to the moment in development where the ability first manifests, and holds the particular feeling he had at the event to manifest the ability. The second type of peak abilities is part of particular peak states. If those states are stable, the ability is present continuously without any need for unconscious regression.

It may be that peak abilities are always associated with peak states, but as of this writing this doesn't appear to be the case. Thus, in this index we've indicated if the ability is 'stand-alone' or due to a peak state. These classifications are preliminary.

#### *Stand-Alone Peak Abilities*

##### Hearing Developmental Music ability

- Characteristics: One can 'hear' unique and repeatable music at each developmental event.
- Use: This music can be transcribed, performed and recorded, and so used as an aid for regression to particular developmental events.
- Cause: This ability is acquired at conception.
- Frequency: Rare.

##### Out-of-Body Experience (OBE) ability

- Characteristics: The ability to move one's CoA out-of-body, and yet still see and feel as if one were physically present in the new location.
- Use: It can be used to diagnose some physical problems.
- Cause: Not yet determined.

- **Comments:** The religious group Eckankar focuses on acquiring this ability. We previously labeled this ability as the Cellular Awareness' state in the first edition of Volume I. The state is sometimes confused with Inner Vision, which does not involve moving the CoA.
- **Frequency:** Uncommon. Psychic techniques exist that can trigger it in some people.

### Seeing Brain Awarenesses ability

- **Characteristics:** One can 'see' the awarenesses of the triune brains as fuzzy balls of light in a black space.
- **Use:** One can use this ability to diagnose triune brain shutdown states, diagnose the 'flattened emotions' problem, measure the degree of the Brain Light state (good/evil choice) in oneself or a client, identify brain fusion states, and draw Perry diagrams.
- **Cause:** This ability is acquired (and usually simultaneously blocked by trauma) at birth.
- **Frequency:** Rare.
- **Danger:** *This ability must be acquired under competent supervision because of the risk of overwhelming suicidal feelings and actions becoming activated.*

### Seeing Columns of Self ability

- **Characteristics:** One can 'see' golden columns that represent the state of the directing self in a person.
- **Use:** The number of columns, their height and solidity indicate problems in the client's directing self, and the presence and degree of multiple personality disorder (MPD).
- **Cause:** Not yet determined.
- **Frequency:** Rare.

### Seeing the Life Path ability

- **Characteristics:** This state gives one the ability to see one's future as a series of branching paths in a fluorescent black space.
- **Cause:** Gained at conception.
- **Use:** By finding obstructing trauma using the ability and healing them, one can stay in a state of euphoria and ease called Being on Track.
- **Comments:** The optimal path is the brightest. Once on it, the person has a sense of euphoria. The Self Neutralization state making this state unnecessary because it stops the future from being fixed by trauma and so eliminates all life paths.
- **Frequency:** Very rare in its full form.
- **Warning:** *It is possible to trigger a spiritual emergency when attempting to acquire this ability.*

### *Peak Abilities as Part of a Peak State*

#### **Being Other Lifeforms ability/state**

- **Characteristics:** A person can experience himself as other beings, such as animals, plants, or even rocks. One experiences senses and bodily processes as the animal does.
- **Cause:** The ability is gained at birth.
- **Comments:** This ability is called 'shapeshifting' in shamanic literature.
- **Frequency:** Very rare.
- **Danger:** *This ability must be acquired under competent supervision because of the risk of overwhelming suicidal feelings and actions becoming activated and acted upon.*

#### **Inner Vision ability**

- **Characteristics:** The ability to 'see' events (or the inside of a body) and to know information about what is seen without being taught. There is no out-of-body experience, but rather it is like watching a TV screen.
- **Use:** Extensive shamanic healing and survival uses.
- **Cause:** Not yet determined.
- **Comments:** This name is from Tom Brown, Jr.'s work. We currently believe this ability is a partial experience of the Gaia Communication state. This ability is also sometimes called 'remote viewing'.
- **Frequency:** Rare, but many people can use fairly simple shamanic techniques to temporarily use this ability.

#### **Seeing the Golden Web ability**

- **Characteristics:** The ability to see the human species genome.
- **Use:** We suspect it might be useful for repairing DNA.
- **Cause:** This is an ability that is part of the Inner Harmony state.
- **Frequency:** Not yet determined.

#### **Wide-Angle Vision ability**

- **Characteristics:** The ability to see clearly in the peripheral areas of vision. At its maximum, the ability to see behind the head and with full three-dimensional perception.
- **Use:** This ability is associated with facilitating the acquisition of spiritual and shamanic states.
- **Cause:** It appears to be associated with the Being Present state.
- **Comments:** Both Rinzai Zen Buddhist and Tom Brown, Jr.'s shamanic training emphasize the importance of this state/ability.
- **Frequency:** Unknown, but relatively common (to some degree) with training.

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### A Partial Index of Gateway, Choice, and Peak Experience Events

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Certain developmental moments act as a ‘gateway’ to unusual spiritual experiences or ‘places’ that are not in physical reality. Many of these moments can, with training, be used for different purposes, or give a person particular abilities or talents. We know the developmental moments for most of them, but not all.

We use the following nomenclature:

- A ‘gateway event’: By regressing to certain developmental events, one finds oneself able to have specific predetermined spiritual or shamanic experiences. Many gateway experiences result from moving one’s CoA into particular structures in the primary cell that happen to be particularly accessible at a past developmental event.
- A ‘choice event’: By regressing to certain developmental events, one finds oneself (including the triune brains) required to make a particular choice about some aspect of one’s life.
- A ‘peak experience event’: By regressing to certain developmental events, one can have a particular predetermined peak experience, including ones of a spiritual or shamanic nature.

#### Archetypes gateway experience

- Description: Gaia on one side, looking like an apartment building with the side wall removed. Each species occupies a room. On the other side, huge balls moving around, forward and back and emitting a single tone. A sensation of archetypes accompanies this experience.
- Use: Beyond the scope of this book.
- Developmental event: Just after birth and the first breath.
- Danger: *Accessing this time zone can trigger extreme feelings of suicide and suicidal actions.*

### Geometrical Native Motifs experience

- Characteristics: One sees many geometrical patterns of the type used by southwestern Native Americans on the walls of a gigantic tunnel and hears Native chanting as one floats swiftly through it.
- Developmental event: Passage of sperm through the testicular tubes before ejaculation.
- Comments: This experience has no use that I know of, other than its beauty.

### Good/Evil choice

- Description: During this event, a strong enhancement of Creator connection occurs, along with the Creator's requirement to choose either good or evil on an individual triune brain basis. The Creator does not judge the choices made. This also affects the directing self (or selves if there has been multiple personality formation). The choice is on a scale from total evil to total good (-100% to +100%).
- Use: This event determines the 'set point' for the degree of either good or evil that a triune brain chooses during normal interactions after birth. (Note: the set point only determines the *typical* response to events.)
- Developmental event: Just before the first contraction during birth.
- **Danger:** *Accessing this time zone can trigger extreme suicidal feelings and actions.*

### Hell Realm gateway experience

- Description: During the passage through the sphincter from the spiral to the coalescence area, the precellular brain can access sensations of evil and hell-realm experiences.
- Use: Unhealed, it can cause a continuous feeling of evil in one's body.
- Developmental event: The sphincter pre-coalescence event.
- **Danger:** *Regressing to this event can cause an overwhelming feeling of evil in and around the body that does not stop after terminating the regression. This can lead to suicide.*

### Humanity Disk gateway experience

- Description: This experience is an encounter with the pain and suffering of all mankind. It is evoked when one's CoA enters a particular structure in the primary cell.
- Use: Unhealed, it can be the cause of underlying depression in some people.
- Developmental event: Pre-coalescence, just after the sphincter.

### Lifespan choice

- Description: A strong enhancement of Creator connection occurs, along with the requirement to make a choice on how long one intends to live.

- Use: Appears to set the length of time we will live. When this event is healed, it appears to reactivate optimal human growth hormones in a person.
- Developmental event: Just after the baby first starts to go out of the womb.
- **Danger:** *This time zone can trigger extreme suicidal feelings and actions.*

#### Living Stonehenge gateway experience

- Description: This gateway leads to what looks like a real place, at night, with stars in the sky and bare dirt on the ground. A semicircle of large rock columns with smooth sides is present. Each rock feels alive, but not human, and fixated on a single purpose.
- Developmental event: First cell divisions.

#### Medicine Area experience

- Description: A non-physical ‘place’ where awareness can go and create anything.
- Use: Used for safety and creativity in shamanic traditions.
- Comments: This phrase is from Tom Brown, Jr.’s work. The term ‘creative area’ may fit the experience better, but we chose to use the existing label.
- Developmental event: Not yet determined.

#### Pillar of Fire experience

- Description: In black space is what appears to be an immense column of continuously exploding fire. The column appears to go up and down to infinity.
- Use: Unknown.
- Comments: I originally accessed this experience through meditation, not regression. A recent movie called *The Fountain* captured some of the experience well.
- Developmental event: Not yet determined.
- **Warning:** *There is a strong ‘draw’ to go into the fire. We don’t know if this is unsafe or not.*

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### A Partial Time-Line of Developmental Events

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#### **WARNING**

*Do NOT attempt to regress to these early events without exceptional competence in using PTSD techniques. Severe traumas can be encountered at these events that, once stimulated, can result in long-lasting physical and emotional symptoms if not healed. Unhealed material can cause suicide in some people. Severely disruptive spiritual emergencies can be triggered (such as overwhelming experiences of evil), and disease states (such as, nightmares, bipolar disorder, depression, and a host of other emotional or physical problems). Although most people don't experience these extreme reactions, exploration in this area must be considered potentially life threatening. Anyone regressing to this time zone needs to have qualified supervision, and realize that problems can still occur that we don't yet know how to heal.*

*For some people, simply reading the descriptions in this appendix can trigger severe trauma symptoms that occurred during these events.*

#### **Sequence of events for the precellular brains**

The list of stages given below is incomplete and probably contains some errors. (See Chapter 8 for more details on the stages.) The precellular developmental events described here have not yet been identified in conventional biology – the stages currently identified by biologists start after coalescence, when the primordial germ cells have formed.

The sequence of precellular events is roughly the same for all types of precellular brains, be they the male or the female versions. However, by coalescence, the primordial male and female germ cells have started to have significant differences, especially involving the placenta, sperm tail, third eye and perineum organelles.

In the events listed below, the V coding refers to the volume in which the event is mentioned, and Ch indicates the relevant chapter in this volume.

## In the Grandmother's Nuclear Core

### **DANGER**

*Regressing to events in the grandmother's nuclear core can trigger severe adjustment problems and spiritual emergencies, as well as trigger other emotional problems. They should only be accessed under the supervision of qualified therapists experienced in this work.*

### **Origin of the Oversoul**

An awareness that is the basis of the person's oversoul is created, and then moves into a tube and node structure; this becomes the more familiar oversoul structure, with its many past and future lives.

#### **The Seed stage**

Liquid from an Oversoul node in the grandmother's nuclear core creates a seed-like shape, and is transported to her circle of life, where the seed is further modified.

### **Origin of the Creator Structure**

A structure that looks like a ball suspended from a tube is created in the grandmother's nuclear core. This becomes the 'Creator' structure that the person's individual Creator material comes from.

#### **The Crystal Star stage**

A piece of the Creator awareness detaches from its structure in the grandmother's nuclear core, enters her circle of life, and then goes to her heart chakra. It looks like a many-pointed star.

## In the Grandmother's Heart Chakra

### **DANGER**

*Regressing to events in the grandmother's heart chakra can trigger severe trauma experiences; physical symptoms that will not quit; various mental disorders; spiritual emergencies; and other serious adjustment problems. They should only be accessed under the supervision of qualified therapists experienced in this work.*

#### **The Void Liquid stage**

The seed enters the grandmother's heart chakra in her primary cell, and is changed into a vaporous liquid. We call this material the 'Void liquid'.

**The Sun Ball stage**

The star enters the grandmother's heart chakra in her primary cell, and is changed in various compartments into a sphere that radiates light. We call the resulting structure the 'sun ball'.

**Proto-conception: The Pillar of Fire stage**

The sun globe and Void liquid enter a compartment and then combine into what looks like a column of fire, and then forms a liquid that exits the compartment.

**WARNING**

*Proto-conception involves death trauma. Accessing this event may stimulate severe emotional problems, and suicidal feelings or actions.*

**The Soft Crystals stage**

Inside the grandmother's heart chakra, a region of 'soft crystals' differentiates itself from the grandmother's crystalline material. It then combines with the aware liquid from the pillar of fire stage, forming the person's original CoA self. The regressed person feels like he is in the Creator itself.

**The Bubble stage**

A bubble forms with the CoA soft crystals inside it.

**The Bubble Birth stage**

From the outside, the grandmother's heart chakra looks like a huge jellyfish, with lots of tubes coming out of it. The bubble that contains a person's CoA awareness is ejected out of one of the tubes.

**Between the Grandmother's Head and Womb****The Ocean stage**

The CoA bubble moves into what feels like the ocean. This is actually a fluid-filled pathway from the primary cell in the head of the grandmother to her womb. The bubble goes into the newly implanted parent.

**Entering the Parental Blastocyst****The Inflation stage**

The bubble enters a room and tubes inject liquid into it, giving the sensation that it is being inflated.

**The Totem Pole stage**

The bubble enters the top of a cylindrical ‘totem pole’ like structure, and leaves at the bottom.

**The Liquid Core stage**

The bubble enters another room, it opens its front, and liquid is poured inside. This is the first stage where the bubble is in the parent. This stage occurs just after the implantation of the parent, in a cell on the interior wall of the blastocyst.

**The Grid stage**

The bubble enters a sac that is attached to a network of pipes, and the sac detaches. Inside the sac is a grid that holds the foci of awarenesses of a person’s past and future lives.

**The Floating Bubbles stage**

The bubble is in a large area that feels like the sky, and is surrounded by debris and many other bubbles.

**The Bubble Division stage**

The CoA bubble is divided into gel-like pieces. Each moves to a different area through its own tube. These pieces will initiate the creation of the seven different precellular organelles that later will combine to form a particular primordial germ cell.

**The Gene Cloud stage**

Below the gel piece is what looks like a cloud as seen from an airplane. This cloud is the parent’s genetic material. The gel enters the cloud from above, and acquires genes in this stage, forming a ‘gene packet’. The packet then descend from the cloud and splits into smaller packets. Underneath the cloud is a tube, connecting to what looks like a roulette wheel.

**The Roulette Wheel stage**

The gene packets enter the rotating ‘roulette wheel’. It then leaves this structure to go to the Genesis Cell.

**The Genesis Cell stage**

Vesicles form in the membrane of this cell. These are the origin of the membrane-based intelligences we call ‘sacred beings’. Gene packets enter into the vesicle before it finishes closing and detaching from the membrane. The parent membrane is quite large – all the different precellular organelle membranes are being formed simultaneously in different regions of this genesis cell.

**WARNING**

*There may be a potentially life-threatening risk in accessing the Genesis cell developmental stage. One person, who had a history of high blood pressure, had a heart attack triggered while regressing to this event.*

**The Chest Room stage**

The newly formed p-organelle enters this box-shaped room through an opening in its wall. In the middle of the room is what looks like a chest. The genetic material in the p-organelle is released, changed and recovered as it moves across the center of this room.

**The Pearl-Filled Sac stage**

The p-organelle enters what looks like a petri dish or sac filled with pearls or bubbles. Then the dish dissolves and the pearls are absorbed by the p-organelle.

- There is a feeding sequence; part of the cell forms a tube and then retracts.
- The cell wall thins and releases, with a feeling similar to ovulation.

**The Descending the Hill stage**

The p-organelles move what feels like down a slope, and they continue to develop during this stage.

**The Shiny Black Space stage**

The p-organelle enters a pool at the base of the hill that is most assume is an experience of floating in space because it appears there are stars twinkling in the dark fluid. The stars are absorbed by the p-organelle, and it exits at the bottom of the pool.

**The Silver Mist stage**

A grey or silver mist is absorbed into the p-organelle, and a feeding tube attaches then disconnects.

**The Formation of the Jewel stage**

A hollow forms in the organelle's 'chest' and a 'jewel' is put into it. The jewel merges into the setting in the chest hollow and glows. The realm of the Sacred state for this p-organelle is lost if trauma occurs during this stage.

**The P-Organelles Pile-up stage**

P-organelles of a type collect together. Physical damage and separation trauma often occur here.

**The Hangar Room stage**

P-organelles get culled here with toxic mucus from the parent. The 'jewel' serves as a recognition badge.

### **The Spiral stage**

The p-organelle moves to a platform and attaches to a descending spiral-like structure. It is like stepping into ski boots, and tubes engage through the ‘feet’. The p-organelle then goes down a spiral with an escalator-like sensation. At the bottom the tubes disengage from the feet.

#### **DANGER**

*Regressing to the disengagement event can trigger multiple sclerosis in susceptible people. Once triggered, the disorder will persist even if the spiral event is healed. Do not deliberately access this tubes disengagement event until we find a solution to this problem.*

### **The Sphincter stage**

A membrane with a valve in it separates the spirals from the coalescence area. The p-organelle goes through this passage. Hell realm experiences can be encountered during the passage through the sphincter.

#### **DANGER**

*Regressing to passage through the sphincter can trigger extremely disturbing hell realm experiences. This should only be done under supervision, as the experience can be so overwhelming that the person regressing stops healing and stays stuck in the horrific sensations. The client might commit suicide to escape this sensation.*

### **Coalescence**

This is the stage where the precellular organelles merge to form the primordial germ cell. It takes place in an area like a huge shaft, open at the top. Meridians form and anchor into the chakras. This event occurs about 9 months before the father or mother is born, while the primordial cell is still in its grandmother. (VI)

#### **WARNING**

*Death and dismemberment traumas occur as the p-organelles combine.*

#### **DANGER**

*The placenta coalescence stage is particularly dangerous for many people, as it can trigger present-time biological injuries to the primary cell in some people.*

### **Start of Conventionally-Recognized Biological Events**

Note: Most developmental events have been omitted in the following list – the ones below are the most relevant for our work.

**Migration of the primordial germ cells to the ovary or testes**

This stage is well documented in developmental biology texts.

**The Golden Fountain stage**

During the migration, the primordial germ cell goes into what looks like a fountain (sperm) or pool (egg). The cell looks golden once the fluid is absorbed. This stage is not recognized in biology texts.

**Storage of the primordial germ cells in mother's ovaries or father's testes**

Nurse cells protect and nourish the primordial germ cells. (V1)

**Parent is born from grandmother's womb**

Primordial germ cell traumas can occur during the parent's birth.

**Maturation of the parents**

Roughly 18 to 45 years passes before a child is conceived.

**Shortly before and during ejaculation of sperm from father**

The walls of the testicular tube are covered in geometrical patterns reminiscent of southwest Native American patterns. The sperm cell is often damaged by the impact of moving sperm tails.

**Ovulation – a day or so before conception, inside the mother**

- Egg ripens.
  - The cocoon of webbing that the egg is carried in dissolves.
  - Nurse cells covering egg should be detached, but usually are not. (V3)
- Ovulation: egg ejected from ovary blister. This feels similar to birth and sets up a pattern for later birth trauma.
- Movement down fallopian tube.
  - Egg secretes a scent that attracts the sperm.
  - Potential mechanical damage during passage.
  - Potential chemical damage from toxins in the tube.
- Potential conflict between sperm from different fathers.

**Minutes before conception**

The trauma-free event feels like a royal wedding. (V1)

- Egg chooses the sperm cell that appears bright.
- Traumas can cause the chosen sperm cell to feel in competition with other sperm.
- Egg reaches out with its 'arms' to pull the chosen sperm cell into what feels like its chest.
- Often there is mechanical injury due to the sperm cell hitting the egg too hard or at an angle.

## **Conception**

Sperm tail detaches from what feels like the upper back.

- Trauma as sperm tail consciousness feels like it dies (it does not, but is changed).
- If the egg hardens the shell too soon, it rips the sperm tail instead of detaching it correctly.

The head of sperm opens and its chromosomes spill out. This is usually experienced as death from the sperm's perspective. After healing, it is just a transition.

- The sack around sperm cell and its tail go to the egg wall.
- Chromosomes move across egg like a bundle of copper wires and merge to form the nucleolus.
- Chakras pair and then merge.
- Most of the paired organelles from the egg and sperm merge. (V1)
- Ball of light enters new zygote.

## **DANGER**

*Accessing sperm death in conception can trigger suicidal actions in some people.*

## **First cell divisions – 12 hours after conception**

Injuries often occur during the passage through the fallopian tube, due to impact on the tube wall. The primary cell forms at the fourth cell division; this event is usually experienced as a death trauma.

## **Implantation – 6 days after conception**

- The entry into the uterus feels like falling into a huge void or down a roller coaster.
- The embryo's 'head' impacts with the uterine wall. If the embryo does not have any surrounding nurse cells it lands on its 'belly'.
- A 'ball of light' enters uterine wall and then into the embryo as it touches the womb wall. There is potential trauma if the ball of light doesn't move into the embryo. (Ch. 13)
- There is possible trauma around not being able to implant easily or at all in places.
- The belly uncoils and inserts into uterine wall. Fluid is ejected into wall from the embryo. This stage can feel like dismemberment as the placenta is forming. This is an extremely severe trauma for most people.
- There is often a burning sensation from the ejected fluid, and from biological incompatibilities from the material coming in from the mother.

## **6 weeks after conception**

Most pregnancies are confirmed, and often abortion attempts are made, during this period. Morning sickness also occurs for many women.

- Any ‘vanished twin’ is usually dead by 6 weeks. Trauma from the death of the twin can cause feelings of ‘divine homesickness’ that get re-created in postnatal relationships.

### Growth and development of the fetus

Numerous developmental events occur during this period. Some may be related to peak states.

- A variety of major traumas can occur during this period, from exposure to toxins to mechanical injury. Traumas often create conditions for later ‘soul stealing’. (V3)
- The first heartbeat is usually traumatic.
- The fetus can be traumatized if it tries to escape injury by going to the realm of the Sacred. (Ch 11)

### Third trimester – 7 to 9 months after conception

The fetus feels the womb space tightening. The mother is starting to feel some discomfort from the weight and size of the fetus. Late in the trimester, she may feel somewhat short of breath from impingement of the uterus on the diaphragm.

### Birth

The following sequence assumes an ideal birthing sequence. However, the exact timing of the events can vary greatly: for example, the fetus usually inverts itself weeks before birth, and the onset of the first contraction isn’t clearly defined if Braxton-Hicks contractions occur. See Stanislav Grof’s *The Adventure of Self-Discovery* for descriptions of the Birth Perinatal Matrix [BPM] stages of birth.

- The birth process is initiated by the “Separate from the mother” Gaia command. (Ch. 10)
- Choice between good and evil just before start of birth sequence. (Ch 15)
- Baby moves upside down and puts head into the pelvis. This can cause symptoms of vertigo and nausea later in life.
- First contraction. This is the most intense trauma of the birth sequence. Unintentional separation from the Creator, the realm of the Sacred, the other triune brains, and everything else. Can feel like total annihilation. (Ch. 10)
- Second contraction. The life/death choice is made here. A block to Gaia connection. Choice to age and die, and of how long to live life. (VI)

### BPM2

- Contractions start. Fetal head engages into the bony structures of the pelvic floor.
- Major trauma around first oxygen starvation as blood flow to the baby is reduced as the mother’s uterus contracts.

- More contractions with cervix closed. This is the ‘No exit condition’ of Grof’s BPM2. Usually intense rage at the mother. Baby feels helpless with nothing it can do. Rape and rapist precursor traumas form here (and also at conception). Grinding teeth is a common later symptom. Rape trauma is activated in the mother.

## **DANGER**

*Accessing contraction trauma can trigger bipolar disorder in some people.*

### **BPM3**

- Cervix dilates open and the fetus starts moving through it. (BPM 3 in Grof’s system starts with the gradual propulsion of the fetus through the birth canal.)
- Feeling of losing connection to mother and abandonment.
- Mother typically is very upset for 5 to 30 minutes, with feelings of panic, wanting to change her mind, doesn’t know what she’s doing, can’t do it, becomes tearful. This is called the ‘transition stage’ in obstetrics.
- Mother is in pain, typically wants drugs. Drugs are a huge shock to baby.
- Joy is common in the baby as it starts through the cervix. Mother feels relief.
- Moving through the birth canal. Fetus in descent and head rotation.
- Trauma around head rotation, and often skull damage as it crosses the mother’s lower spine. This can cause poor 3D sense and orientation, directional confusion.

### **BPM4**

- Crowning and birth. (BPM 4 in Grof’s system.)
- Most babies’ faces are turned toward the mother’s spine during birth. Self-esteem issues as baby is seen for the first time.
- Typically, doctors twist the baby’s head the wrong way and injure the neck.
- In the ‘50s, it was common for the nurse to keep the baby from being born until doctor arrives. This typically causes the baby to feel lots of grief and volcanic rage.
- Often severe oxygen starvation as the cord is compressed.
- Blinding light and pain in eyes as baby is exposed to cold and fluorescent lights.
- The baby acquires a tar-like skin boundary as it leaves the vagina. The baby generally loses triune brain fusion states and ability to hear Gaia. (V3)

**Placental Death**

The placental consciousness turns to a liquid and flows back into the baby. Cord cutting is usually too soon in most hospitals. Cord cutting and placental death trauma block some peak states and abilities.

**DANGER**

*Accessing placental death trauma can trigger suicidal feelings and actions in a large percentage of the general public.*

**Baby is out of the mother**

- First breath.
- A momentary ‘truth’ experience passed through. (Ch. 12)
- Momentary archetype access passed through. (V1)
- Cord cut. (It can be before or after first breath.) Birth is usually severely traumatic due to having umbilical cord cut too soon, due to the loss of blood still in the placenta. This causes the loss of ‘Wholeness’ state. (V1)
- The skin boundary hardens with the cutting of the cord.
- The uterus continues to contract.
- Placental separation and its death trauma occur. (V1)
- The baby is often removed from mother and taken to another room, causing extreme abandonment and loneliness traumas.
- There are usually traumas from excessively bright lights (and eye drops), coldness in the room, having the vernix scraped off, and being too tightly wrapped in blankets.

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## State Evaluation Questionnaire

Revision 2.2

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<p><b>1A.</b> Close your eyes. Get a sense of where “You” are inside you body, where your “Center of Awareness” (CoA) is. It may help to point your finger at yourself starting above your forehead and working your way down the midline of your body. Stop when you get to the point that feels like that is where “You” are. “You” may be at one point or more diffusely spread out through a general region of your body. Indicate on the figure to the right the location of your Center of Awareness. If there’s more than one area, indicate which one seems dominant.</p>				
<p><b>1B.</b> Does your “Center of Awareness” extend out into the space around you?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p><b>1C.</b> Can you shift the location of your Center of Awareness around your body?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p><b>2A.</b> Close your eyes and cover them with your hands. Notice how bright it is (the underlying uniform level of brightness – not areas of spots or colors.) Circle the most appropriate number to indicate this.</p>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
	<b>Totally black</b>			<b>Like bright sunlight</b>

**2B.** If your inner visual field is somewhere between total blackness and total brightness, please describe below what it is like (including any pinpricks or patches of light or any colors but disregarding splotches of light from the afterglow of room lights). If it is dark, note below what kind of darkness: matte black, textured, pinpricks of light, transparent black, fluorescent black, other.

**2C.** If you can tell it apart from what you see with your eyes closed, describe the level of brightness and what you see if you look inwards into your *Center of Awareness* (as described in question 1).

	1	2	3	4
<b>Totally black</b>				<b>Like bright sunlight</b>

**2D.** If it is dark, note below what kind of darkness: matte black, textured, pinpricks of light, transparent black, fluorescent black, other. If it is bright, note any tint to the light (bright white, golden, other colors).

**3A.** Can you ‘see’ visual images in your mind?

No	Seldom	Often	Always
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**3B.** If you can see visual images in your mind, is it easy or difficult for you to see visual images?

Easy	Moderate	Difficult
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**3C.** If you can see visual images in your mind, can you make up visual images, or only recall ones that you have seen?

Only recall	Both recall and imagine	Only imagine
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<p><b>4A.</b> Close your eyes. Think about nothing at all for about 1-2 minutes. Notice how much “Mind Chatter” is present. Circle the most appropriate number to indicate this.</p> <p>* This would be like sitting in a bar hearing all the talking in the background, or perhaps like the constant hum of an air conditioner.</p>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>Total quiet</b>			<b>Constant chatter*</b>

**4B.** Describe the nature of the ‘mind chatter’ (‘tapes’ or voices that seem to be from other people, self-talk, music, background noises like hissing or humming or whistling sounds, etc.)

<p><b>5.</b> Pick 4 very emotionally painful incidents from your past. Write down a key phrase or title to identify each incident. Close your eyes and, for each incident, feel the emotional pain you experience right now when you think about it. Rate the intensity of the emotional pain on a scale of 0 (No pain, you feel calm, peaceful and lightweight) to 10 (the most extreme pain you can imagine).</p>												
<b>#1</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>#2</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>#3</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>#4</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

**6.** How many hours of sleep does it take before you feel rested?

\_\_\_\_\_

**hours**

<p><b>7A.</b> If someone asked you why you are alive, your answer would be:</p> <ul style="list-style-type: none"> <li>a. a long dissertation.</li> <li>b. a short statement that seems very obvious to you.</li> <li>c. there wouldn't be any particular answer coming to mind.</li> </ul>	a	b	c
<p><b>7B.</b> If you answered 'b' above, write your short answer here. If your answer is a mix of two of the above choices, or not represented in the choices, please comment:</p>			

<p><b>8.</b> Pay attention to the inside of your body. Move your arms and legs; breathe. Notice if you feel sensations as your bones and muscles move or if you only feel like air inside, like you're hollow.</p>					
<p><b>8A.</b> Rate your sense of hollowness.</p>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<p>Not hollow at all, I can feel all my muscles and sinews</p>	<p>Not hollow or like air, but somewhat vaporous and spacious in some parts of my body</p>	<p>Not hollow or like air, but somewhat vaporous in my whole body</p>	<p>Some parts are hollow</p>	<p>Totally hollow</p>

**8B.** You may only have some parts of your body that feel hollow. If so, indicate below which parts feel hollow or vaporous.

<b>9A.</b> Pay attention to your skin. Does it feel like your body stops at the skin, or like you have no skin boundary at all, or like the air blows right through your body? Rate your sense of your skin boundary.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>Total skin boundary</b>	<b>Partial skin boundary</b>	<b>No skin boundary (skin like vapor)</b>	<b>It feels like wind could blow right through me</b>
<b>9B.</b> Try touching your skin to see if the sensation of having skin suddenly appears from nothing, is only partial, or never leaves you. If you have only a partial sense of a skin boundary, describe what the partial skin boundary feels like to you:				
<b>9C.</b> Imagine or remember when two people were having a heated argument right in front of you and you felt some emotional pain or discomfort. Did it feel personal (i.e. about you, like you are emotionally involved) or impersonal (i.e., just an emotional sensation like any other possible emotional sensation and not about you)?	<b>a. Very personal</b>	<b>b. It feels somewhat or occasionally personal</b>	<b>c. It feels impersonal – I'm not emotionally involved</b>	
<b>10A.</b> If someone talks about the concept of ‘the Sacred’, what does this evoke in you?	<b>a. It doesn’t evoke anything in particular</b>	<b>b. It is an intellectual concept, not something experiential for you</b>	<b>c. A definite sensation that you have experienced</b>	

<b>10B.</b> If you answered 'c' above, does any part of your body ever feel sacred? Rate your sense of body sacredness:	<b>a. Not at all sacred</b>	<b>b. Some parts of my body feel sacred</b>	<b>c. Occasion ally feels sacred</b>	<b>d. My entire body always feels sacred</b>
<b>10C.</b> If you have answered 'c' at question 10A, and the experience was not inside your body, please describe it here.				

<b>11A.</b> Rate on a 0 to 10 scale the <i>average amount of physical pain</i> you experience when doing regression healing using WHH. (0 = no physical sensation of any kind, 1 = just some tightness or pinching or bunching sensations, but not painful; up to 10 = excruciating pain.)	<b>Rating = _____ (Average physical pain)</b>
<b>11B.</b> Rate on a 0 to 10 scale the <i>average emotional intensity</i> you experience during regression healing using WHH. (0 = flat affect, no emotion; 1 = flat, but there's a sense that there is an emotion, as in "I know I'm angry but I can't feel the anger"; 2 = emotions are more like thoughts; up to 10 = maximum possible emotional intensity.)	<b>Rating = _____ (Average emotional intensity)</b>

<b>12A.</b> If someone makes a sudden movement near you, but without touching you (as when they wave an arm near you), do you feel a tactile sensation in your body, as if they were moving their arm through your flesh? 1 = Yes, right inside my body 2 = Yes, but only at my skin surface 3 = No, not at all (unless there is air movement)	<b>Sudden movement =</b> _____
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<b>12B.</b> Move your own arm through the air. Are there any visual effects that accompany the movement? If so, please describe:	No	Uncertain	Yes
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<b>13.</b> Imagine that all your friends and family are dead -- but this isn't about grief. Imagine, then, that all your family and friends have been whisked to Nirvana and are unavailable for comment forever. You are in a (peaceful) foreign country where you don't speak the language. There is no one you can call for help. Really try to put yourself into this situation for a moment and feel what it would be like. Now answer the questions below by circling the most appropriate number on the scale to the right.					
<b>13A.</b> Would you feel lonely?	0	1	2	3	4
	<b>Not at all lonely</b>				<b>Very lonely</b>
<b>13B.</b> Would you feel safe?	0	1	2	3	4
	<b>Very safe</b>				<b>Not at all safe</b>
<b>13C.</b> Would you feel anxious?	0	1	2	3	4
	<b>Not at all anxious</b>				<b>Very anxious</b>

To help us put the statistics from the above questionnaire in perspective, if you're answering this questionnaire for the first time, please take a moment to fill in the following questions:

14. How many siblings do you have?
15. Where are you placed in your family? Oldest child, youngest?
16. What do you know about your birth? Easy? Difficult? Twins? C-section? Other problems? Adopted?
17. Do you have siblings, parents, grandparents, cousins or uncles who are in obvious peak states?

- 18.** Do you have several siblings, parents, grandparents, cousins or uncles who are in obvious ‘sub-average’ consciousness (schizophrenia, depression, addiction, other diagnosable mental illness)?

## ***State of Consciousness Evaluation Key***

Revision 2.2

This questionnaire allows you to evaluate your client (or yourself) for some of the major peak states. It is normally used before peak states work begins, and to check for changes in your client after he works with you (whether a peak state was intended or not). We find it is a very useful way to introduce the kinesthetic, actual concepts of peak states to students and clients. We've used it (and other variations) to collect data on the frequency of peak states, and to check our assumptions about various peak states' characteristics. However, this is a far from definitive or complete test, but it is the best we have at the moment.

*Question 1:* This gives the client an understanding of the Center of Awareness (CoA) concept. It also allows us to find out if their CoA is already at its maximum extent or not. The question about moving the CoA around may need some additional explanation or instruction.

If they find that they can't move their CoA around (assuming it isn't in the unlikely state of full expansion), these clients will often have difficulty in doing some trauma processes that involve this movement. In this case, the therapist and client should determine if it is important enough at this time to warrant the additional time and effort needed to heal the inability to move the CoA. Clients sometimes have a split CoA. This is not a problem.

*Question 2:* This allows us to determine if they have one of the Inner Brightness states, and if so, how much. Questions 2A and 2B together are designed to identify people who also have the realm of the Sacred state, which causes the normally bright white inner light to become a black fluorescent color (like a black light effect would give). Questions 2C and 2D identify whether the Brain Light state is present. Question 2C does not identify a state – instead, we're using it as a test to see if brightness is correlated with the CoA. Statistics accumulated since we added that question show that the Creator Light state tracks better with the visuals inside the CoA than with the visuals behind closed eyes. Question 2D also evaluates colors: although the answers are still being evaluated for significance, bright white indicates a Creator state, yellow-green can indicate a Gaia state, and gold can indicate an Inner Harmony state.

*Question 3:* This identifies clients who will need more kinesthetic cues when doing healing. It also discriminates between 'imaginary' images, such as an

artist can create internally, and the ability to ‘see’ real trauma images. Unfortunately, a good imagination can get in the way of actual healing, and the therapist often needs to make sure that he doesn’t ‘lead’ the client into seeing images that aren’t really there. This question is also used to correlate the data about inner brightness collected in Question 2 with the ability to see images during regression.

*Question 4:* This allows us to evaluate their Silent Mind state. If they report a silent mind, it may mean 1) that they are in the Inner Peace state (Question 5); 2) they don’t realize how noisy their mind really is; or 3) they really don’t have a problem in this area. It also helps identify clients whose dominant problem is ‘subvocalization’ or ‘sound playback’. However, a more detailed inventory is usually needed when doing the Silent Mind Technique – the questions here simply indicate that there is a problem or not that needs addressing.

*Question 5:* This question checks for the Inner Peace (or better) triune brain state. If they report only zeros or near zeros for traumatic memories, they are probably in Inner Peace at least to some degree (or they’ve done a lot of healing work with an effective therapy). This also gives us a check on the student’s state after doing the Inner Peace Process. Usually the traumas they pick are very central to their lives, and this can be useful in helping them outside of peak states process work. It also acts as a record for successful healing, as the ‘apex’ problem causes clients to forget that they ever had the problem.

*Question 6:* This allows us to determine if they have the Minimal Sleep state (chakras fully anchored into the meridians). Full Minimal Sleep state is about 3 to 4 hours a night to feel fully rested.

*Question 7:* This is a ‘state-dependent’ question. If the client feels that the answer is obvious, he is usually in a peak state. If the answer is essentially “To live”, the state is the Beauty Way or Inner Peace state. If it is “To love”, it is Underlying Happiness state. Interestingly, people fully in the corresponding state usually use exactly these phrases for their answer.

For someone who has a degree of merging of all the brains, the answer will show which brains are closest to full fusion. An answer related to “to live” indicates a stronger mind-heart fusion; an answer related to “to love” indicates a stronger body-heart fusion. This question, together with Question 5, Question 8, and Question 13 allows us to draw an approximate Perry diagram without the help of the ability to see the brain awarenesses.

*Question 8:* This tests for the Hollow state, or if there is a sense of a vaporous and spaciousness, it indicates a possible Spaciousness state.

*Question 9:* These questions test for the sensations of the No-Skin state, or the similar sensation of the ‘permeable boundary’ condition. The question about

events feeling personal or not is to help discriminate between the two conditions – if events still feel at least somewhat personal, the client has the permeable boundary condition. Some people might also report the sense of spaciousness as a feeling of a vague boundary. In this case they would still take events personally.

*Question 10:* This tests for the Sacred Body state. This is useful to know because someone who has experienced this state will be easier to bring into the full Sacred Beings state than other people. In rare cases, it may indicate that they already have the full Sacred Beings state.

*Question 11:* This tests for the Being Present state. It assumes that the client has already done some regression healing, and so may not be valid until after the client's sessions. A client who reports absolutely no physical or emotional sensations during regression healing has some kind of dysfunction; but a low rating, coupled with at least some emotional range on Question 11B indicates the Being Present state. Question 11B can also identify other kinds of dysfunctions, such as the 'heart shutdown' state. Coupled with the rest of the questionnaire, this gives more information about the heart brain's status.

*Question 12:* This test for the World Inside Body state. The middle choice in question 12A is irrelevant – it was included to avoid giving a leading question. When only two choices are given, people in normal consciousness tend to try guessing the 'right' answer. When three or more choices are given, they tend to answer more accurately. In part 12B, we look for a description of an impression that the arm is moving through light that occurs due to the motion through space, as if stimulating sea organisms to phosphoresce.

*Question 13:* This tests for the markers for the Wholeness state. Someone with it will rate a zero on all three questions. Ratings of 1 suggest a partial state.

These questions are also (weak) indicator for various states. Unfortunately, they aren't conclusive – the client may be in denial or have other issues – so other checks need to be run when working with them in person. These questions are used in conjunction with the other questions to determine if a state is present. If they don't feel lonely, it can be an indicator of the Wholeness state. If they feel safe, it can indicate a good Gaia connection, a good Creator connection, or a non-state body consciousness without major survival issues.

*Questions 14-18:* These questions help identify (and collect statistics on) the likelihood of having either traumatic blocks to peak states due to birth problems, or generational peak states or lack of peak states. The question on birth order further elaborates on possible birth problems: a first childbirth is usually more difficult, and subsequent births are usually easier and more rapid. Multiple births, c-sections, and adoptions will trigger specific traumatic problems.

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## **Glossary**

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**Advanced Whole-Hearted Healing™ (aWHH):** This technique uses the peak ability to merge consciousnesses to heal another person's trauma.

**Apex phenomenon:** Coined by Dr. Roger Callahan, the term refers to the common occurrence that after an issue is eliminated by a power therapy, the client tries to explain the change with something they know, such as being distracted, even though the explanation clearly doesn't fit. The definition has been extended to include the phenomenon of the client forgetting (to the point of disbelief) that the healed issue was ever a problem.

**Applied kinesiology:** Also commonly called muscle testing. Practitioners use changes in muscle strength to test for various problems and sensitivities to toxins. This is the same mechanism that's used in dowsing. Practitioners mistakenly assume the body isn't self-aware with its own agenda.

**Average consciousness:** A person without stable peak states. Most people are in this condition.

**Blastocyst:** An embryonic developmental stage that starts about four days after conception and ends at implantation. It is characterized by a cavity in the morula (embryonic cells), with an outer layer that later becomes the placenta, and an inner layer that becomes the fetus.

**Body brain:** This is the common term for the reptilian brain located at the base of the skull. It thinks in gestalt body sensations (called the 'felt sense' in Focusing), and experiences itself in the lower belly. It is called the hara in Japanese. It is the brain that we communicate with when doing dowsing or muscle testing. Its actual consciousness is in the endoplasmic reticulum of the primary cell.

**Body associations:** The body consciousness makes non-logical associations during trauma, which then direct its actions later in life. Because the body has a dominant effect on the person, these associations often cause serious behavioral and biological problems in people.

**Breathwork:** Using hyperventilation for extended periods of time to facilitate healing. A variety of processes exist.

**BSFF (Be Set Free Fast):** Invented by Larry Nims, it is a spin-off of TFT involving only three meridian points. It is also important for the variation called Instant BSFF, in which the process is programmed

internally to occur at a cue word; and because of his technique for healing traumas that cause psychological reversal.

**Brainlets:** Biological, somewhat spherical structures that enter the coalescing primordial germ cell just before the placental or tail p-organelles. They become the dumbbell-looking housings of the chakra structures in the nuclear membrane. They are considerably smaller than the coalescing p-organelles, and each has a different, single basic emotional content.

**Brains:** Refers to different portions of the brain that have separate self-awareness, as described by the extended triune brain model. They each maintain a different part of the body: perineum, body, navel (placenta), solar plexus, heart, spine (sperm tail), mind, third eye, and crown (Buddha). The awarenesses of the primary cell organelles extend into these brain structures.

**Brain shutdown:** The triune brains are able to partially or completely turn themselves off. When this happens, the person loses the ability that the particular triune brain gave them. The heart brain gives the ability to feel that others are like oneself and not just objects, the mind brain gives the ability to form judgments, etc. Samadhi is an example of a brain shutdown state.

**Bubble:** A ball-like container of CoA material that forms in a primary cell chakra in the grandmother. It is transported from her head to her womb and enters the parental zygote at implantation. Its full label is ‘CoA bubble’.

**Bubble sac:** During its time in the grandmother’s chakra, the bubble develops a ‘sac’ (reminiscent of a placenta) that is later absorbed into the bubble.

**Buddha brain:** The primary cell membrane’s awareness extends itself into the prefrontal lobe structure of the brain. Its focus of attention is at and above the top of the head, so it can also be called the crown brain. We call it the Buddha brain because it can feel like a massive Buddha.

**Buddha brain structures:** They ‘look’ like cables or containers inside or outside the body when one uses a peak ability to see them. They can appear like the movie idea of an alien implant to some clients. The Buddha brain creates them during certain kinds of trauma. They often cause physical pain.

**Bypass:** A structure around a stuck gene that make the corresponding traumas difficult or impossible to feel. Some healing techniques stimulate the formation of bypasses to get their effect. This structure can also be called a ‘trauma bypass’.

**Cellular memories:** Memories of the sperm, egg, and zygote, usually of a traumatic nature. These include sensations, feelings, and thoughts. Also applied in the literature to memories of the body consciousness alone.

**Center of awareness (CoA):** You find the center of your observing self-awareness by pointing at where ‘you’ are in your body. It can be at a particular point, diffusely spread, internal or external to the body, and in

more than one location. It derives from a crystalline material in the primary cell that has its own early developmental sequence.

**Center of awareness self (CoA self):** This is typically used as a synonym for the observing self. The observing self has two parts: we refer to the part in the nuclear core as the ‘core’ or ‘primary’ observing self; and the part of it the crystalline material of the chakras as the ‘CoA self’. In most cases in this text, ‘CoA self’ is used synonymously with ‘observing self’.

**Chakras:** Energy centers associated with different areas of the body. They ‘look’ like white or colored balls with geometrical features. For example, the heart chakra looks like a ship’s steering wheel. They can be merged into one white disk near the center of the body. They are actually structures in the primary cell, attached to the nuclear membrane.

**Choice event:** A developmental event where the organism is required to make a choice. Examples are the choice for good or evil, or the choice of one’s lifespan.

**Circle of life:** A sub-structure of the nuclear core in the primary cell’s nucleus. In a typical person, the circle looks like a golden ring. It contains the primary part of the observing self. In a more developed person, the circle spreads into a layer that surrounds a sphere.

**CoA (Center of awareness):** See center of awareness.

**CoA self:** See ‘center of awareness self’.

**Coalescence:** The precellular organelles combine to form a primordial germ cell at the coalescence stage. This occurs inside the parent who is still a blastocyst inside the grandmother.

**COEX (*condensed experience*):** Coined by Dr. Stanislav Grof, the acronym refers to the linkage of similar emotionally or physically charged memories from different moments in our life. A given coex system includes relevant biographical, perinatal, prenatal, and transpersonal experiences.

**Combination state:** Two or more peak states experienced simultaneously. The characteristics of the combination are the sum of the individual characteristics.

**Composite awareness:** A consciousness that is built out of individual units of consciousness, but has different qualities and does not reside in any particular unit. Some examples are Gaia, sperm collective consciousness, and the oversouls.

**Copies:** A duplicate of someone else’s emotions or sensations in one’s own body.

**Cords:** Unconscious connections between people, called cords, cause traumatic moments to be continuously stimulated. This is the origin of the common perception that other people have a personality that can be felt by turning attention to them. Using a peak ability, cords can be ‘seen’ as hollow tubes between people.

**CPL (Calm, peace, lightness):** The endpoint to healing a trauma, caused when the client goes into a peak state, usually temporarily. The endpoint includes ‘bright’ and ‘large’ (CPLBL) for prenatal traumas.

**Creator:** An experiential ‘place’ and ‘being’ that people encounter during near-death experiences. It looks like a plane light that is self-aware. ‘Creator’ more accurately describes the sensations there than does the equivalent word ‘God’.

**Crystal star:** A crystalline structure that looks like a pointed star. It comes from the Creator portion of the grandmother’s nuclear core during the development of the person’s observing self.

**Developmental event music:** During regression to developmental events, one can ‘hear’ music. Each event has its own music, and this music is the same for everyone.

**Developmental events model:** The presence or absence of various mental and physical diseases, peak states, experiences, and abilities is due to the presence or absence of corresponding pre-birth trauma.

**Direct induction:** A technique to induce a pre-selected peak state into a client without the need for any client participation.

**Directing self:** The part of conscious self-awareness that directs action and has personality. It is not a part of the CoA self.

**Dominant issue:** A psychological trauma-based problem that blocks a client’s access to peak states.

**Dowsing:** Using pendulum or rod to communicate with the body consciousness. This uses the same underlying body mechanism as is found in muscle testing or applied kinesiology.

**DPR (Distant Personality Release™):** An ISPS technique to eliminate transference and counter-transference by dissolving structures called ‘cords’ between people.

**Dual perception principle:** Transpersonal phenomena can be seen either from a level of pure consciousness, without any biological component; or from a biological perspective, without the transpersonal component. This occurs because our awareness entered a gateway structure: either in our own organism at very early developmental events; in structures around our developing organism; or in structures inside our own primary cell.

**EFT (Emotional Freedom Technique):** A therapy that uses tapping on meridian points to eliminate emotional and physical discomfort. It is classified as a power therapy, and subcategorized as a meridian or ‘energy’ therapy.

**EMDR (Eye Movement Desensitization and Reprocessing):** The most studied power therapy for trauma elimination. It uses rhythmic left/right stimulation (and regression) to effect healing.

**Eukaryotic cell:** A cell that contain a true nucleus and other organelles.

**Extended triune brain model:** Based on the Papez-MacLean triune brain model, it describes a nine-part structure to the brain. These parts are

- commonly called the perineum, body, placenta, solar plexus, heart, spine, mind, third eye, and crown (Buddha).**
- Focusing:** Invented by Dr. Eugene Gendlin, it involves communication with the body consciousness (the ‘felt sense’) to release traumatic material.
- Fox walking:** Taught by Tom Brown, Jr., it is a way of walking that makes the body feel safe and minimizes noise as one walks in nature.
- Fusion:** When triune brains fuse, they become one consciousness and lose their separate identities. When they all fuse the body feels hollow, and their resulting awareness can be seen (using a peak ability) as a golden ball just below the navel. This is probably the origin of the concept of the ‘philosopher’s stone’ in medieval alchemy. ‘Merged’ brain awarenesses are not as connected.
- Gaia:** The biological consciousness of the planet Earth. In certain states of consciousness, it looks externally like the flattened side of huge ball or building, with vertical and horizontal line structures on it. Our species occupies one band of the structure.
- Gaia command:** All the steps in developmental events are directed by Gaia, and take into account current circumstances. The instructions for the steps can be translated into spoken language.
- Gaia instruction:** This is a synonym of ‘Gaia command’. Although less accurate, the word instruction is sometimes used because it has less emotional overtones. Gaia ‘phrases’ or Gaia ‘messages’ are also equivalent expressions.
- Gaia music:** An equivalent phrase for ‘developmental event music’.
- Gateway event:** A developmental event that acts as a gateway to spiritual or shamanic experiences.
- Gateway structure:** When one puts one’s CoA into a primary cell gateway structure, one has specific psychological, spiritual or shamanic experiences.
- Gel:** The bubble containing CoA material divides into pieces of ‘gel’ just before the formation of the p-organelles.
- Gene cloud:** A cloud of parental genetic material that is absorbed by a CoA-containing gel to form a gene packet. This event occurs during the creation of a p-organelle.
- Gene packets:** The gel that contains CoA material pulls in genetic material and forms ‘gene packets’. These gene packets move into the newly formed p-organelle membranes.
- Generational trauma:** A problem or dysfunctional belief passed down through the family line. It can be healed.
- Heart:** One of the triune brains, it is the limbic system, or old mammalian brain. It thinks in sequences of emotions, and experiences itself in the center of the chest. Its awareness is based in the primary cell’s smooth endoplasmic reticulum.
- Hell realms:** When regressing to the sphincter developmental stage, one can have an experience of being in a place that is similar to the descriptions

of a Christian or Buddhist hell. (The term ‘hell realm’ is from common usage, and was not meant to imply that it should be part of one’s consciousness.)

**Holes:** Using a peak ability, people can see what looks like black holes in their body that feel like an infinitely deep deficient emptiness. Some therapies bring them into awareness. They are caused by physical damage to the body.

**Induction techniques:** Methods to induce peak states. They include drumming, music, and direct induction of peak states by merging consciousnesses with someone who has the state.

**Inner Peace state:** A peak state that gives a sense of continuous inner peace. It also makes all past emotional traumas no longer emotionally painful when they are recalled. It is a Beauty Way substate.

**Kundalini:** Characterized by the sensation of a small area of heat (about an inch in diameter) that moves slowly up the spine. This can go on for months and in some cases years. Kundalini stimulates traumas and unusual spiritual experiences, creating severe problems for most people.

**Merging:** The sharing of sensations, emotions, senses and memories by two or more people. This occurs when two (or more) people’s brainwaves synchronize. Merging can be dangerous if ‘soul stealing’ occurs.

**Merging of brains:** The awarenesses of the biological brains can merge together, and the degree of the merge can be shown pictorially on a Perry diagram. Merged brain awarenesses become more integrated yet still retain individual identity, while fused ones lose their individuality.

**Meridians:** Energy channels that wind through the body. Used in therapies such as acupuncture and EFT. They correspond to physical structures in the primary cell.

**Muscle testing:** Communicating with the body consciousness by using muscle strength as an indicator. Same mechanism as applied kinesiology, and the terms are sometimes used interchangeably.

**Mind:** One of the triune brains, it is the neocortex, or primate brain. It thinks in thoughts and experiences itself in the head. The awareness of the primary cell’s nuclear membrane extends into this brain.

**Normal consciousness:** A term to describe a person who has all possible peak states and no traumas. We use this term in the same way that an eye doctor does when he describes ‘normal’ vision, i.e. a state of optimal health.

**Nuclear core:** A structure (and a region) inside the nucleus of the primary cell. It contains the core of a person’s observing self, in a sub-structure called the ‘circle of life’. It also has sub-structures that contain Creator and Oversoul awarenesses. When fully developed, the core looks like a sphere surrounded by a layer of gold.

**OBE (Out-of-body experience):** A person’s awareness can move outside of his physical body, just as if he were physically present in the new location, and can still see, hear and feel as if he was actually there. Some spiritual

practices are designed to give this ability – it can also happen spontaneously, or during a near-death experience.

**OBE concentric spheres:** Using the out-of-body experience (OBE) ability, the physical universe can be experienced as being surrounded by separated, concentric spherical layers that eventually end at the Void.

**Observing self:** It is the part of conscious awareness that allows one to be self-aware, and it has a physical location in a person. It is the part of us that experiences itself as ‘I am’, and that is in all of our past lives. It is often called the soul or spirit. It is combined with the ‘directing self’ to form ordinary conscious awareness. The observing self has two parts: we refer to the part in the nuclear core as the ‘core’ or ‘primary’ observing self; and the part of it the crystalline material of the chakras as the ‘CoA self’. In most cases in this text, ‘CoA self’ is used synonymously with ‘observing self’.

**Organelles:** The different types of structures inside a cell that act similarly to multicellular ‘organs’ in the body. The organelles in the primary cell are self-aware and form the basis of the subconscious.

**Organelle brains:** The self-aware organelles in the sperm, egg, and primary cell. There are seven self-aware organelles in the sperm or egg that form nine different organelles in the zygote and primary cell. Their consciousness extends into the corresponding multicelled triune brains. This label is usually shortened to just ‘organelle’ in the context of self-aware cell structures.

**Over-identification with the Creator:** When acquiring states involving the Creator, some people over-identify with the Creator, losing their human viewpoint and become unmotivated to help alleviate the suffering of others.

**Oversoul:** The composite awareness in all of one’s past (and future) lives. Transpersonal psychology uses the equivalent term ‘superconscious’. It has a biological basis involving the CoA developmental sequence.

**Oversoul grid:** The internal structure of the oversoul is laid out as a grid. The grid has nodes that correspond to individual lives in that oversoul. There are many different oversoul grids in the nuclear core..

**Past lives:** Encountered in some therapies, the experience of having lived in the past or the future with a different body and personality. This is a different phenomenon than ancestral memories.

**Peak ability:** An ability not possessed in average consciousness. They range from exceptional physical abilities to ones that are outside of our Western belief system.

**Peak experience:** A short-lived peak state or other unusually good experience. There are at least three types: an unstable peak state; a ‘choice’ event; or a ‘gateway’ experience.

**Peak state:** It is a stable, long-lasting peak experience. They give sensations and abilities that cannot be experienced in average consciousness. They are

felt as a vast improvement to the average state. They can be had in combination and to various degrees. A number of substates also exist.

**Perineum brain:** One of the self-aware extended triune brains whose focus is in the perineum area. It is involved with reproduction and generational traumas. Its self-awareness is based in the primary cell's peroxisomes.

**Perry diagram:** A diagram using circles to indicate the degree of connection of the triune brain awarenesses.

**Personality:** This is what others sense about a person when they turn their attention to him. Rather than being a mental construct in the observer, it is a real-time experience of particular traumas in the one being observed. The DPR process can be used to dissolve this connection.

**Placental brain:** The baby's placenta is a self-aware extended triune brain. After birth we usually call it the navel brain because its focus of attention is in the navel area. Its consciousness extends from the primary cell's golgi apparatus. This brain is involved with the immune response.

**P-organelle:** This is the short form for 'precellular organelle'.

**Phrase Regression Technique™ (PRT):** The technique that uses Gaia command phrases (optionally with music and body postures) to consciously or unconsciously regress a person to a particular developmental event so that it can be healed.

**Power therapy:** A phrase coined by Dr. Charles Figley who also originated the psychological category called post-traumatic stress disorder (PTSD). It applies to extremely effective therapies (originally EMDR, TIR, TFT, and VKD) that remove symptoms from PTSD and other issues.

**Precellular organelle:** A primordial germ cell forms from the coalescence of seven different self-aware prokaryotic cells. We call these cells 'precellular organelles' because they are the basis for the self-aware cell organelles. The different kinds are identified either by their biological name in the cell, or by the triune brain that they share a continuity of awareness with (e.g., body, heart, etc.).

**Precellular trauma:** A trauma that occurs to the precellular organelles.

**Pretend identities:** An equivalent term to 'triune brain self-identities'. The identities that the different triune brains pretend they are.

**Primary cell:** The only cell in the body that contains consciousness. This cell directs all the rest in the entire organism. A person is aware of both sensory data and the internal primary cell environment.

**Primary cell model for peak states, experiences and abilities:** Peak states result from optimal functioning of particular metabolic paths inside the primary cell. One can use regression to heal these defective metabolic pathways or repair them directly at the level of the cell itself. The primary cell model has other features: trauma, conscious awareness, various non-physical experiences, and a host of other phenomena all have their basis in physical, intracellular biological objects.

**Primary Cell Technique™ (PCT):** A state-dependent technique to heal traumas by healing problems directly in the primary cell. A therapist must have the Primary Cell state to be able to use this technique.

**Primordial germ cell:** The original cell that eventually matures into a sperm or egg. It is formed at coalescence inside the parent, who is still a blastocyst inside the grandmother.

**Projected identities:** Each triune brain typically projects identities onto the other triune brains. These projections tend to be very negative. For example, the body often feels like a god to the other brains.

**Proto-conception:** In early development, inside the grandmother's chakra, the male-feeling sun ball and the female-feeling Void liquid combine in an event we've termed proto-conception, because of its similarity to conception. It involves death trauma and is potentially dangerous to access.

**Prokaryote:** A broad class of very simple, single-celled organisms that includes bacteria. They do not possess a nucleus or other cell organelles.

**Psychological reversal:** The individual has a counter-commitment at the body consciousness level to healing or peak performance. In energy therapies, healing is blocked unless psychological reversal is treated. In WHH, it causes the client to not want to heal, but does not block the healing directly.

**Radical physical healing:** We have now relabeled this phenomenon 'regenerative healing'. The phrase 'radical physical healing' is no longer used.

**Rapid Whole-Hearted Healing™ (rWHH):** A technique that mixes regression with a limited access to the primary cell to heal trauma sequences (not individual traumas).

**Realms:** Fundamental kinds of consciousnesses that should be fully integrated into a person but rarely are. They have a biological basis. They include Gaia, the Sacred, the Void, the Creator, the Oversoul, and the species consciousnesses.

**Realm of the Sacred:** Home of the sacred selves; the environment looks like fluorescent black velvet. The Sacred Beings peak state is required to be able to see this, which is a state that shamans enter in order to have unusual abilities and perceptions.

**Regenerative healing:** A particular type of physical healing that occurs in just minutes. The range of healing includes injuries that cannot normally heal, such as scars, spinal cord damage, etc. We used to call it 'radical physical healing'.

**Regenerative medicine:** A new field of biology that uses recent developments in stem-cell technology and genetic engineering to restore or regenerate parts of the body.

**RET (Rapid Eye Technology):** A variation on the EMDR trauma technique, it also uses left and right eye movements to eliminate trauma.

**rWHH:** See Rapid Whole Hearted Healing.

**Sacred selves:** Each of the triune brains has a counterpart in the realm of the Sacred that looks roughly like a totem pole figure or a pagoda. This awareness is blocked by triune brain pretend identities in almost everyone.

**Samadhi:** Buddhists describe it as a state of timelessness with almost no need for breath. It is a dysfunctional state caused by body-heart shutdown of the triune brains.

**Secondary activation:** Some traumas can trigger other biological or mental problems in the present that will not go away when the initiating trauma is healed.

**Seed:** An aware structure in the early development of a person's observing self. It is created in the grandmother's nuclear core, and goes into her heart chakra during its development. It comes from her oversoul structure.

**Self:** Typically called the conscious self, it is who we think we are. It is made up of two separate parts: one is the 'observing (CoA) self'; the other is the 'directing self' that controls our moment-to-moment activities.

**Self-identity:** Each of the biological brains pretends it's someone or something else. This need to pretend is driven by a subtle discomfort in the brain's core.

**Sensate substitute:** If in the past the body consciousness was traumatized while it was holding on to something it needed for survival, it will attempt to find a substitute in the present that 'feels' the same to it. The substitute causes problems in the present, because it is inappropriate for the current circumstances.

**Sensate substitute states:** Most people have sensate substitutes at the primary cell level that give rise to common experiences: having chatter in the mind, or the sensation of a skin boundary. When the underlying causes are eliminated, the corresponding sensations vanish, and this is experienced as a peak state. Strictly, the *absence* of a substitute problem is not a peak state, but we typically call it one because of how it feels to people.

**Shamanic states:** States that are valued in shamanism. They typically involve the body or a connection to Gaia.

**Skin boundary:** Although we assume our skin gives us the sensation of a boundary or surface, this is not true. Rather, it is a phenomenon in the primary cell that can be healed, giving the sensation that a person has no edge to their body. The dysfunctional boundary is sometimes experienced as burning or painful at the skin level.

**Soul loss:** This is a shamanic phrase used to describe an autonomous, self-aware piece of oneself (soul piece) that have been split off from a person during trauma and ejected into the environment. This causes a feeling of loss or loneliness. It can be seen as a gap in the primary cell cytoplasm around a ribosome trauma string.

**Soul stealing:** It is a phrase used in shamanism that describes the action of taking a self-aware soul piece from another person and keeping it in

one's body area. A book by Sandra Ingerman gives an excellent description. This is the origin of involuntary mind chatter, 'voices' in schizophrenia, and most if not all of channeling.

**Sperm tail organelle:** The self-aware sperm tail consciousness. At conception, it is incorporated into the zygote. It becomes the core of the spine brain in the adult.

**Spine brain:** The self-aware extended triune brain whose focus of responsibility is the spine. Its awareness extends from the primary cell endosome organelle, which developed from the sperm's tail.

**Spiral:** The p-organelle attaches to, descends on, and is released by a spiral structure just before encountering the 'sphincter' to the coalescence area. We originally called this structure the 'infinite ring' until we realized its spiral shape.

**Spirit:** In this text it is defined as the observing (CoA) self.

**Spiritual emergency:** An experience from various spiritual, mystical or shamanic traditions that becomes a crisis. This is not the same as a crisis of faith.

**Spiritual states:** We use this label to identify peak states that involve the observing (CoA) self. These states involve phenomena that are generally experienced as being outside of the body, such as the Creator, the Void, and so on.

**Stable state:** A peak state that is retained without any maintenance, but not necessarily continuously.

**Star:** See 'crystal star'. 'Star' is typically used in place of the full expression.

**State-dependent technique:** A technique that requires the practitioner to have a particular peak state for it to work.

**State-dependent response:** Certain peak states cause a person to have a specific, unique answer to key questions that people without the state would not give. Buddhist koans are examples of this type of questions.

**Subconscious:** The actions of the triune brains give rise to the concept of the subconscious. Western psychology also includes the effects of trauma being acted out in the body in this category. With the Hearing the Brains peak state one can communicate directly with the triune brains (i.e., the subconscious).

**SUDS (Subjective units of distress scale):** Used to evaluate the degree of pain in trauma. Originally from a scale of 1 to 10, common usage is now from 0 (no pain) to 10 (as much pain as it's possible to have).

**Sun ball:** This structure is from a very early stage in the development of the observing self inside the grandmother's heart chakra. It radiates light and feels male.

**Superconscious:** The composite awareness in all of one's past and future lives. 'Oversoul' is an equivalent term in this text. It has a biological basis involving the CoA developmental events.

**Synergistic state:** Two or more peak states experienced simultaneously that have characteristics that are new or different from the individual states.

**TAT (Tapas Acupressure Technique):** Invented by Tapas Fleming originally to heal allergies, this technique also works on trauma and other issues. It is effective for generational traumas.

**TFT (Thought Field Therapy):** The original tapping-on-meridians therapy developed by Roger Callahan. He also discovered ‘psychological reversal’ and a way to temporarily turn it off, which is part of the technique.

**Third eye brain:** One of the self-aware extended triune brains, its area of major function is located in the center of the forehead. Its awareness arises from the primary cell’s lysosomes.

**TIR (Traumatic Incident Reduction):** A power therapy that uses regression.

**Transpersonal biology model:** Key developmental events and corresponding structures in the primary cell are the origin of all transpersonal experiences, such as the Creator, hell realms, the Sacred, etc. A dual viewpoint often exists: one based on consciousness alone, with no apparent biological basis; the other based on biological structures and events, without the spiritual experience.

**Trauma:** A moment in time, or a string of moments, when sensations, emotions, and thoughts are stored from painful, difficult or pleasurable experiences. They form fixed beliefs that cause problems because they guide behavior inappropriately. Severe trauma can create post-traumatic stress disorder.

**Trauma bypass:** See bypass.

**Trauma flooding:** the triggering into consciousness of many random traumas simultaneously.

**Trauma overlay:** Actual spiritual or biological imagery can have a false image ‘overlay’ put on them. Overlays are used by the person when what is seen is emotionally threatening enough that they feel they need to distort their perceptions to feel safer

**Tribal block:** Cultural influences are externally imposed into people due to a biological mechanism we call the tribal block. This is particularly a problem in peak states work, because it causes people to avoid or resist gaining peak states.

**Triune brain:** The brain is built out of three major, separate biological brains, formed through evolution. They are the R-complex (body), the limbic system (heart), and the neocortex (mind). Each is self-aware, built for different functions, and thinks by sensations, feelings, or thoughts respectively. The full name is the “Papez-MacLean triune brain model”. The triune brains generate the phenomenon of a subconscious. They can be communicated with directly when in a particular peak state.

**Triune brain shutdown:** See ‘brain shutdown’.

**Unconscious:** The terms ‘unconscious’ and ‘subconscious’ are synonymous in general usage. However, in this text we use the label ‘unconscious’ for material that the triune brains themselves (the ‘subconscious’) are not aware of, such as long-forgotten traumas.

**Unstable state:** A peak state that will stop if not actively maintained.

**Void:** Sometimes called the Tao, or Nothingness. It is outside of everything that exists, including the Creator. One can go there and merge consciousness with it permanently. It also has its own awareness.

**Void liquid:** An early stage in the development of the observing self, found in the grandmother's chakra. It experiences itself in the Void.

**WHH (Whole-Hearted Healing):** A regression therapy technique. It uses awareness of the out-of-body experience to heal trauma.

**Wide-angle vision:** A state where one sees clearly with peripheral vision. Some shamanic and Zen Buddhist practices are designed to increase this state.

**Zygote:** The cell (fertilized ovum) resulting from the union of an ovum (egg) and a spermatozoon (sperm) at conception. In this text, we use the common definition that the developing organism stops being a zygote at first cell division. We refer to the developing organism after the first cell division in general terms as the embryo or fetus (depending on its degree of development). Note that the term zygote is not well defined in biology – it sometimes refers to the organism that develops from the first cell.

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